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ABSTRACT

These guidelines were developed to help registered nurses identify preschoolers with potential handicaps in the course of health assessments. Contents include guidelines on 3-, 4-, and 5-year-olds. Contents are organized within age levels in terms of functioning levels and anticipatory guidance. Functional areas covered include physical, intellectual, verbal, emotional, and social development. For each functional area, characteristics, assessment techniques, intervention recommendations, and guidelines for parents are discussed. The subsection on anticipatory guidance concerns safety and accident prevention, discipline, play, sleep, sexuality, nutrition, dental care, and toilet training. This subsection is written for both registered nurses and other professionals who work with the child. The subsection also identifies characteristics, assessment techniques, and intervention recommendations for each age level. It is recognized that other professionals in the school setting will probably assess functioning levels in educational, communicative, social, and psychological areas. The nursing assessment of those areas is designed to support and identify the functions that would be picked up in the routine physical assessment. The appendix includes sample forms, a discussion of screening tools, tables of normal values, and sample handouts for parents. (RH)

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GUIDELINES FOR HEALTH ASSESSMENT AND INTERVENTION TECHNIQUES FOR 3, 4, AND 5 YEAR OLD CHILDREN

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GUIDELINES FOR HEALTH ASSESSMENT AND INTERVENTION TECHNIQUES FOR 3, 4, AND 5 YEAR OLD CHILDREN

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FOR

COLORADO DEPARTMENT OF EDUCATION
COLORADO DEPARTMENT OF HEALTH

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TABLE OF CONTENTS

TABLE OF CONTENTS iii

INTRODUCTION v

I. THE THREE YEAR OLD CHILD 1
A. Functioning Levels of the Three Year Old 1
1. Physical Development 1
2. Intellectual and Verbal Development 3
3. Emotional and Social Development 4
B. Anticipatory Guidance for the 3 Year Old Child 5
1. Safety and Accident Prevention 5
2. Discipline 6
3. Play 7
4. Sleep 8
5. Sexuality 9
6. Nutrition 10
7. Dental 11
8. Toilet Training 11

II. THE FOUR YEAR OLD CHILD 13
A. Functioning Levels of the Four Year Old 13
1. Physical Development 13
2. Intellectual and Verbal Development 14
3. Emotional and Social Development 16
B. Anticipatory Guidance for the 4–Year Old Child 18
1. Safety and Accident Prevention 18
2. Discipline 18
3. Play 20
4. Sleep 20
5. Sexuality 21
6. Nutrition 22
7. Dental 23
8. Toilet Training 23

III. THE FIVE YEAR OLD CHILD 25
A. Functioning Levels of the Five Year Old 25
1. Physical Development 25
2. Intellectual and Verbal Development 26
3. Emotional and Social Developmental 28
B. Anticipatory Guidance for the 5 Year Old Child 29
1. Safety and Accident Prevention 29
2. Discipline 30
3. Play 31
4. Sleep 32
5. Sexuality 33
6. Nutrition 34
7. Dental 34

APPENDIX 37
Physical Examination Forms 37
Health History and Physical Assessment Information 39
Physical Assessment 45
Pediatric — 3–4 Year Well Child Check 47
Pediatric — 5–6 Year Well Child Check 49
Guide for Physical Exam Items — Infants & Young Children 51
Cover/Uncover Test for Heterophoria 53
Vital Signs 55
Suggested Handouts for Parents 57
Screening Tools for Children 3–5 Years 59

BIBLIOGRAPHY

INTRODUCTION

With the passage of the Federal PL 99–457 in October 1986, local school districts have become more involved in identifying and providing or coordinating services for young children with special needs.

James E. Strain, MD, Executive Director of the American Academy of Pediatrics, identified some suggested roles for the health professional in PL 99–457. They included:

- identifying children with disabilities as early in life as possible
- conducting the medical diagnostic workup, making a diagnosis of the child's needs, and ensuring that there are no hidden problems
- discussing the diagnosis with the parents and helping them understand what the future holds for them and their child
- referring children appropriately to other professionals for assessment and/or treatment
- providing consultation about medication, treatment needs, and appropriate activities
- providing ongoing preventive and primary health care for handicapped children
- working as a team with allied professionals to help the child and family
- participating in coalitions with agencies and professionals from other disciplines to plan services for children under the new law
- volunteering to serve on the committee appointed by the Governor to plan for provision of services
- serving as advocates for young children, bringing unmet needs to the attention of those who can provide services

The health professional in the local school district is usually the school registered nurse or the public health school nurse. Other registered nurses involved with young children with special needs in an educational setting are those in Head Start and community center board school programs. All of these registered nurses have a responsibility to coordinate the health information and assist the school to prevent duplication of health services.

During the identification phase of the program, the five functioning areas (education, physical, social, psychological, and communicative) are screened. Further assessment is done if a potential problem is identified. These young children have a variety or combination of medical care providers. Some may have no "medical home," if the family is low income or moves frequently. A local assessment of medical care providers may identify the private physician, the public health well child clinic, and public and private institutions such as Children's Hospital or the University of Colorado Health Sciences Center. One of the services offered by the local public health nurse could include the Handicapped Children's Program administered by the Colorado Department of Health.

The Federal PL 99–457 separates the children with special needs into two age categories – birth through two years and three through five years. These *Guidelines for Health Assessment and Intervention Techniques for 3, 4, and 5 Year Old Children* were developed to assist the registered nurses to assess the functioning levels of the three through five year olds. In all five functioning areas, characteristics, assessment techniques, and intervention recommendations for each age level are discussed. It is recognized that other professionals in the school setting will probably be assessing functioning levels in the educational, communicative, social, and psychological areas. The nursing assessment of those areas is designed to support and identify the functions that would be picked up in the

routine physical assessment. Care should be taken to stress that all children need a "medical home" where ongoing preventive health service can be provided on a routine basis. The screening and assessment of the child in the school setting is not to replace the care and guidance in the "medical home."

The anticipatory guidance section of these guidelines is written for the registered nurses, as well as the other professionals working with the child. Again, it identifies the characteristics, assessment techniques, and intervention recommendations for each age level. It is expected that all school personnel working with these preschoolers will be providing anticipatory guidance.

The appendix of the *Guidelines* includes sample forms, a discussion of screening tools, tables of normal values, and sample handouts for parents.

A grant was obtained from the Colorado Department of Education, Special Education Services Unit, to develop the *Guidelines for Health Assessment and Intervention Techniques for 3, 4, and 5 Year Old Children.* The Colorado Department of Health, Community Nursing Section, provided technical assistance, typing, and coordination of the *Guidelines.* Courtney Thomas, RN, MSN, PNP, the Child Health Nursing Consultant from the Colorado Department of Health was the major resource specialist for the development of the *Guidelines.*

These *Guidelines* are intended as a model to assist in the identification of children with potential handicaps through the health assessment. They also provide a guide for intervention techniques of health and safety issues to be considered when providing service for the preschool children. Local autonomy, professional personnel (both educational and health), and the availability of resources will influence the way these guidelines can be adapted for local use. You are urged to carefully review and consider these guidelines in planning screening and assessment of the 3, 4, and 5 year olds.

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I. THE THREE YEAR OLD CHILD

A. Functioning Levels of the Three Year Old

1. Physical Development

a. Characteristics

1) The physical growth of the 3 year old occurs at a slow rate, gaining on the average of 3 to 6 pounds per year. Height gradually increases with growth of the long bones and adds 2 inches a year.

2) Normal parameters from the physical exam are:
   B/P 85–90/60
   Pulse 95/minute
   Respirations 25/minute
   Height (mean) 37.5 inches
   Weight (mean) 32 pounds
   (Refer to the appendix for other normals)

3) Motor development continues to advance with age resulting in dexterity, increased strength and refinement of activities, and previously learned skills.

4) The three year old:
   - grows thinner and the proturberant abdomen and lordosis disappear.
   - develops individual body characteristics as a result of genetics and lifestyle.
   - completes eruption of deciduous teeth.
   - walks up stairs, 1 foot per step; and down, 2 feet per step. Jumps from bottom step.
   - swings and likes to climb on jungle gym; hangs by hands.
   - goes to the toilet by himself; nighttime bladder control is fairly reliable, but not complete. Has occasional accidents.
   - feeds self well; is able to brush teeth.
   - can dress self, can unbutton buttons if on the front or side of clothing; can put on shoes, but is unable to tie them.
   - rides a tricycle using the pedals.
   - has increasing fine motor control; enjoys painting, coloring, begins experimenting with scissors, strings large beads.
   - balances and hops on 1 foot; walks backwards, walks and runs without looking at feet.
   - builds a tower of 9 to 10 blocks; imitates a bridge with cubes; demonstrates good small muscle control by ability to copy a circle or cross.

b. Nursing Assessment of Physical Development

Subjective:

1) History information is to be gathered from the parents and child prior to and during the physical examination (see Appendix).

2) Parents should be asked about health practices and beliefs and a family history should include lifestyle factors (i.e., smoking, seat belt use, etc.).

Objective:

1) A complete, unclothed physical examination is to be per formed by the nurse (see guide to Appendix).
2) To assess the physical development of the child, the nurse will directly observe, and interact with the child, while doing the physical examination. Children this age enjoy "being included" and like games and action activities that can easily be incorporated in an office setting. The nurse can gain valuable information by including the child in the assessment process.
3) Appropriate developmental screening tools will provide information assessing the child's developmental status (see Appendix).
4) Vision and hearing acuity must be assessed by screening and findings recorded. (see Appendix)
5) Height and weight measurements are to be taken and graphed on growth charts and compared with the previous findings (see Appendix).
6) Blood pressure must be taken and recorded.
7) Since the effectiveness of these screening measurements depends upon accuracy, the nurse must work around the preschooler's short attention span, curiosity, and increased activity level in order to obtain valid data.
8) Other health care providers may also do the assessment of physical developme t.

c. Intervention/Guidelines for Parents

1) Parents should be told that the 3 year old's growth rate is usually slow, gaining from 3–6 pounds, and growing 2–2.5 inches a year.
2) Parents should make available age appropriate toys: scissors, large beads, crayons, and other materials which will enhance the child's fine motor development. Jungle gyms, swings, tricycles, running and jumping, will help develop gross motor function.
3) The child should be encouraged to be independent around activities of daily living.
4) Dental care should be obtained on a yearly basis for caries prevention and treatment.
5) The 3 year old should be encouraged to take a daily nap.
6) Health care needs should be professionally supervised every 12 months.
7) Parents should be reminded that occasional toileting "accidents" are normal for the 3 year old and the child may not be dry at night.
8) Specific age appropriate safety/accident prevention information should be given to the parents (see safety/ accident prevention section).
9) Parents need to provide nutritious, balanced, regular nutrition.
10) Hand washing and other beginning good health practices should be taught to the child.
11) The nurse should check to see that immunizations are current.
12) After the nurse completes the assessment of the physical growth and development, using the physical examination and appropriate screening tools and tests, she is to analyze the data and summarize both the strong and weak points of the individual child. This information should be shared with the parents and other appropriate individuals.
13) Refer any child that is having particular physical problems and/or significant developmental delays, to the appropriate specialist.

2. Intellectual and Verbal Development

a. Characteristics

1) Intellectual development is based on heredity, social interaction and the personality of the child.
2) The three year old child:
   - is a concrete thinker and does not understand abstract words and concepts such as health, pain, tomorrow and dangerous.
   - may understand the meaning of cold, hungry and tired.
   - begins to understand what it means to take turns.
   - plays simple games with others; begins to work through the problems of his family relations with other children in play.
   - understands the concepts of good and bad.
   - can give simple reasons and explanations of cause and effect.
   - is interested in new activities and the learning from these experiences is rapid.
   - can focus on only a limited aspect of a problem or situation.
   - is egocentric and often unaware do other points of view.
   - believes that all things that move are alive; some person or being is responsible for creating things such as the sun and moon; and trees grow because people grow.
3) The three year old has a vocabulary of between 900 and 1000 words and uses language more fluently and with confidence.
4) The three year old child:
   - may recite favorite nursery rhymes.
   - frequently uses laughter and nonverbal forms of communication.
   - can give first and last name, sex, and often name of his own street.
   - will use language that is self centered, repetitious, and lacks consideration for other people's ideas and feelings.
   - will use language that is 90 to 100% intelligible.
   - refers to himself as "I;" uses past tense and personal pronouns such as I, you, me, she; and most prepositions such as under, on, in front of, etc.
   - talks in well formed sentences; does not appear to care whether others listen or not. Speech is simple 3 to 4 word sentences.
   - uses plurals in speech; speech still limited to concrete situations; asks the questions why, what, and where.

b. Nursing Screening of Intellectual and Verbal Development

1) Obtain information by interviewing and observing the child and parent.
   - How long can your child stay involved with a game or project?
   - Does he know his full name, sex, and possibly his address?
   - Does he talk in well formed sentences, using proper word choices?
   - Does he know the difference between good and bad?
   - Does he enjoy playing simple games with others? Does he understand what it means to take turns?
   - Is he able to follow simple instructions and understand simple explanations?
   - Is he interested in new activities? Does he comprehend new ideas quickly?
2) Screening tools to help identify the child's intellectual and verbal development may be used (see Appendix).
3) Other educational professionals will do the assessment of intellectual and verbal development. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) The child should be encouraged to apply concepts and language to familiar and enjoyable situations, as this helps learning progress more readily (i.e., games, outings, etc.).

2) It is important for parents to be aware of their child's particular level of development and provide opportunities for intellectual growth.
3) Speech and language development can be enhanced by teaching the child to listen to stories and songs, and other children.
4) The child should be encouraged to express thoughts, feelings, and frustrations.
5) Any child who exhibits problems, questionable findings, and/or delays in verbal expression or understanding should be referred to a Speech Language Specialist.
6) Any child who exhibits questionable findings, problems, and/or delays in learning and comprehension should be referred to an Educational Specialist.

3. Emotional and Social Development

a. Characteristics

1) The three year old is less negativistic and more easily cared for than the toddler. Generally, the child is a friendly, laughing child who wants to please others; these feelings and actions often alternate with periods of irritability and provocativeness.
2) The three year old child will not become an exact replica of the parents, but will surely be influenced by them in every respect. Emotional feelings and reactions are frequently patterned after the child's parents or other significant adults.
3) The three year old child:
   - has a beginning awareness of sex roles. Observing, identifying, and mimicking the parent of the same sex is common.
   - may love and want to please parents, but is not so devoted that he always obeys and behaves well; he is still a real person with ideas of his own.
   - wants to assert himself, even if it means going against his parents' wishes.
   - can separate well from parents for short periods of time; can interact more easily with unfamiliar people.
   - will continue to be ritualistic in many activities, such as arranging toys, food, or going to bed.
   - may have fears, usually visual, of the dark, and of animals.
   - wants first hand experience to see, feel, touch, and taste.
   - has increased mental activity and verbal expression which are increasingly substituted for, or reinforce physical activity in the expression of emotions. A three year old is likely to say, "I don't like you," rather than hit someone.
   - begins interacting with others in play and starts sharing toys.
   - dramatizes and expresses imagination in play.
   - enjoys preparing simple meals, such as cold cereal or pouring his own milk; there is a greater independence in activities.
   - enjoys reliving infancy through hearing stories.

b. Nursing Screening of Emotional and Social Development

1) Obtain information by interviewing and observing the child and parent.
   - How would you describe your 3 year old? Friendly? Irritable? Cooperative? Aggressive?
   - Have you observed aggressive behavior from your child? If so, why was he being aggressive and how did he express his feelings? verbally? physically?
   - Have you observed mood swings, where one minute the child is happy and the next moment he is tearful?
   - Does he enjoy playing with other children his own age? Does he play well with other children? Share toys?
   - If there are siblings in the home, how does he get along with them? What are their ages?

- How often do you leave your child with other people? How does he respond to being left?
- Is he in a preschool program or a play group? If so, how does he respond when you leave. What kind of reports do you get from teachers or other adults caring for him? Does he look forward to these forms of socialization?
- Have you observed him in pretend play? If so, have you noticed his increasing interest in sex related roles during the play?
- Is your 3 year old beginning to be aware of sex roles? What types of questions or comments is he making. How do you respond?
- Have you observed your child in activities in which he is trying to please the parent of the opposite sex, at times being almost competitive with the parent of the same sex?
- When disciplining your child, have you noticed that he responds better to suggestions and to rewards for positive behavior, rather than commands?
- Does your child enjoy ritualistic practices such as reading a book at bedtime.

2) The nurse needs to observe the child and parent during the child health visit to assist in accurately assessing the child's emotional and social development.

3) Other educational professionals will assess the emotional and social development of the child. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) It is important that the three year old be allowed to experience a variety of social encounters with appropriate guidance and reinforcement so that personal–social behaviors develop normally.

2) Children this age need limit setting, time out, and time alone with parents.

3) The three year old generally responds better to suggestions and positive reinforcement than to commands.

4) If the child has fears, help him at his own pace and at his level of understanding.

5) Encourage creative play.

6) This is a good time to begin religious education.

7) Ritualistic practices are important to the child especially around bed time.

8) Preschool and/or play group experiences are important.

9) A nurturing and loving parent–child relationship will foster security, independence, trust, and positive self–esteem, since these give the preschooler strength to achieve initiative and autonomy.

10) The nurse should consider referring children who:
- are extremely passive or excessively timid
- show little interest in other children and do not respond to people in general
- have many temper tantrums
- have frequent fears and nightmares
- demonstrate problems with eating, sleeping, toileting training, and separating from parents

B. Anticipatory Guidance for the 3 Year Old Child

1. Safety and Accident Prevention

a. Characteristics

1) Accidents which predominate the preschool years are: motor vehicle accidents, drownings, burns, and poisonings.

2) The three year old:
   - does not demonstrate mature judgment in dealing with the many choices the child may have, therefore, adult supervision is essential where safety is concerned.
   - is very curious and has few, if any, fears about matches, firearms, medications, etc.
   - is oblivious to the danger of a busy street, no matter how many times he is reminded.
   - has no fear of strange dogs or other animals.
   - is more capable of getting into trouble due to increased locomotion, independence, and refinement of gross and fine motor skills.

b. Assessment of Safety and Accident Prevention

Obtain information by interviewing and observing the child and parent.

- Does your child wear a seatbelt or use an appropriate car seat whenever riding in the car?
- Even though your child is getting older, is your house still "poison proofed?" Are matches and firearms (always unloaded) out of reach?
- Do you have Ipecac in the home? Is the poison control telephone number available?
- Is there an adult present when your child is playing outside?
- When your child plays outside, does he venture into the street? If so, how do you handle this situation?
- When swimming, is there always an adult who can swim actually observing the child at all times?
- If a strange dog comes into your yard, how does your child respond?

c. Intervention Guidelines for Parents

1) Regular automobile safety belts may be used between 3 and 4 years of age or at a weight of 40 pounds.
2) Continue to keep knives, matches, medications, poisons, cleaning products, firearms, and any other harmful items out of reach. Firearms should be unloaded and ammunition locked up.
3) Ipecac is still necessary to have available in the home.
4) Teach the child the danger of running into the street; balls and tricycles start out on the sidewalks and driveways, but tend to end up in the street. DO NOT DEPEND ON THE PRESCHOOLER REMEMBERING SUCH INSTRUCTIONS. The child must constantly be reminded of street safety and must be closely supervised.
5) Advise the child to avoid strange dogs (and even their own), especially ones that are eating.
6) Knowing how to "swim" at this age does not make these children water safe. They must be supervised constantly by an adult who can swim.

2. Discipline

a. Characteristics

1) The 3 year old enlarges his behavioral repertoire and experiments with new behaviors. Many of these new behaviors will become problems if they are not curtailed.
2) The three year old:
   - often demonstrates behavioral problems at mealtimes, bedtime, during toileting, and dressing.
   - often uses language in the form of whining, baby and back talk, nagging and cursing.
   - may make inappropriate facial gestures such as spitting, sticking out the tongue, and grimacing.
   - demonstrates aggressive behaviors such as hitting, bossing, and boisterous play.
   - exhibits dependency and noncompliance.

b. Assessment of Discipline Methods

1) Obtain information by interviewing and observing the child and parent.
   - Describe your child's behavior at mealtime, bedtime, when getting dressed, and during toileting. What do you do if he refuses to eat, get dressed, or go to bed?
   - What aggressive behaviors does your child engage in? What do you do about these behaviors?
   - Which of your child's behaviors bother you? Which behaviors do you want to change?
   - What behaviors does your child most often get rewarded for? What kinds of rewards does he get?
   - What behaviors does your child most often get punished for? In what ways do you punish him? Do you think this punishment works?
2) The nurse should observe the child's behavior in the office, noting how the parent interacts and disciplines the child and the effectiveness of that discipline.

c. Intervention/Guidelines for Parents

1) Discipline plays an important role for the 3 year old in development and in preparing him for easier adaptation to school.
2) It is important for the child to learn socially acceptable behavioral responses.
3) Encourage parents to agree on/and be consistent with disciplinary procedures; children will be confused by conflicting messages.
4) Explain the consequences of unacceptable behaviors to the child.
5) Encourage independence by allowing the child to make some decisions.
6) Use "no" sparingly.
7) Encourage the use of positive reinforcement; look for the "good" in the child's behaviors and give praise.
8) Do not direct anger at the child but at the incident or behavior.
9) Age appropriate discipline techniques may be very helpful for setting limits and controlling undesirable acts.
10) Allow parents time to verbalize regarding the frustrations of discipline; support parents' attempts to discipline through verbal admonishment and/or time out periods.
11) Be aware that problem behaviors at this age may result from other problems in the child or family rather than reflecting normal oppositional behaviors.
12) The longer the parents wait before teaching the child what behaviors are appropriate, the more difficult it will be to change inappropriate behaviors.

3. Play

a. Characteristics

The three year old:

- has evolved from parallel play to interactive play and cooperates in play with others.
- likes to play with blocks, simple puzzles, enjoys simple games, and coloring and painting.
- experiments with scissors and paper; likes materials he can practice "pouring" such as water and sand; enjoys books.
- "pretend" plays using both toys and household objects is well developed. The child is gradually increasing his ability to develop elaborate dramas.
- understands taking turns and is beginning to share; plays spontaneously with a group.
- is oriented to imitation of persons, especially the parent of the same sex, and to use favorite toys.
- uses imaginary play since make-believe is often reality for the 3 year old.

- acts out feelings and experiences through play.
- enjoys fire engines, riding tricycles, and playing house.

b. Assessment of Play

1) Obtain information by interviewing and observing the child and parent.
   - Does your child play with and enjoy other children? If so, how old are these playmates? Does he share well with his friends?
   - What types of games, books, and toys do you have at home? Are they safe and age appropriate? (marbles and pic-up-stiks are not appropriate for a 3 year old.)
   - Have you observed your child in pretend and imaginary play?
   - Does your child attend a nursery school or play group? If so, what activities do they do and does your child enjoy them?
2) It is essential to determine how the child's play affects personal-social, fine and gross motor, and language development.
   - How much TV or VCR movies does your child watch a day? A week? Do you know what he is watching when the TV is on?
   - What types of games, books, or toys does your child enjoy playing with?

c. Intervention/Guidelines for Parents

1) There needs to be a balance between quiet and boisterous play, indoor and outdoor play, and playing alone and interactively with others.
2) Watching TV is not an appropriate type of play unless the parents have supervised the selection of programs and have limited the amount of time spent in front of the television.
3) Enrolling the child in a play group or preschool is very beneficial at this age. They need to be away from parents for short periods of time and need to learn socialization skills with other children.
4) The child needs to be allowed to explore, to show initiative and to communicate.
5) Parents should have begun to offer the child choices in appropriate situations such as which book to read.
6) Try to have a special time alone with the child, especially if there are siblings.
7) Provide the child with opportunities to talk about his day.
8) Talk with parents about safe toys, age appropriate activities, and the importance of play in the developing child.

4. Sleep

a. Characteristics

1) Preschool children need 9 to 16 hours of sleep per day, decreasing as they get older.
2) The three year old:
   - may discontinue his afternoon nap.
   - frequently experiences sleep disturbances. The child may have occasional frightening dreams due to his real or imaginary daytime fears.
   - may not stay in his bed, but wander around the house or want to sleep with parents.
   - needs a regular bedtime and bedtime ritual.

b. Assessment of Sleep

Obtain information by interviewing the child and parent.
- Determine the child's sleep patterns. How many hours of sleep does the child get in a 24 hour period?
- Is he still taking a nap? If so, how long does he sleep? If not, when did he quit taking naps?

- Does he awaken during the night with nightmares? How often? How do you handle this? Does he cry out or come into your room?
- Does your child ever want to sleep with you? If so, what are his reasons? How do you respond?
- Do you have a regular bedtime and bedtime ritual?

c. Intervention/Guidelines for Parents

1) The child should be out of a crib and into a youth or regular bed.
2) It is preferable that the 3 year old sleep alone and in his own room. He should always be in his own bed.
3) Without a nap, some children are tired during the evening even have trouble getting through dinner. A transitional step such as a "quiet time" period in the afternoon is often helpful.
4) It is normal for a 3 year old to have occasional bad dreams. They should be reassured and comforted and put back in their own bed.
5) The child definitely should not be sleeping with the parents.
6) For children who have frequent bad dreams or express fear of the dark, a night light is often helpful.
7) Stress the importance of continuing a regular bedtime and bedtime ritual. Return visits for "hugs" and "drinks" should be discouraged.
8) The child should be physically tired before being put to bed; avoidance of excitement for 1/2 hour prior to bedtime is often helpful.
9) Parents should "expect" the child to go to bed and stay there.

5. Sexuality

a. Characteristics

The three year old:

- will exhibit sexual curiosity and exploration which is a normal and important developmental phase and helps the child gain an understanding of his sexual identity and basic bodily functions.
- will ask questions about "where do babies come from" and about the differences between the sexes.
- is curious, often participating in overt behaviors such as actual visual and tactile exploration of himself and/or of the opposite sex.
- may masturbate which is common in young children and is considered normal bodily exploration.
- imitates the parent of the same sex in an attempt to win the total affection of the opposite sexed parent.
- learns masculinity and femininity from parental role modeling of sexual behaviors.
- little boys often exhibit their penises as if to affirm body intactness.

b. Assessment of Sexuality

Obtain information by interviewing and observing the child and parent.

- What questions has your child asked about sex or sexual identity?
- How do you answer your child's questions?
- Has your child engaged in any sexual exploration? Describe?
- Have you observed your child masturbating? How do you deal with this?
- What information have you given your child about his sex or bodily functions related to sex?

c. Intervention/Guidelines for Parents

1) It is important to determine the parent's understanding and philosophy of sexuality and sexual identity, because their attitudes about sex will influence the content and depth of information that is given to the child.
2) Parents should answer the child's questions about sex in as natural a way as possible, at the child's level of understanding, and without distorting the truth. Stay within the boundaries of the question.
3) Parental reactions to the child's sexual questions and/or situations must not be guilt provoking for the child.
4) What are parents teaching their child about sexuality? Always use the correct terms for genitals.
5) Ensure privacy for children when they are dressing or bathing.
6) Emphasize to parents that sexual curiosity and exploration is normal and important to the child's developmental growth.
7) It is appropriate for parents to advise children that touching or looking at the genitals, by others, is not proper in most situations, but is a normal part of the physical examination.

6. Nutrition

a. Characteristics

The three year old:

- may still be in a stage of decreased appetite; they may go months without gaining any weight, yet remain healthy.
- is greatly influenced by the food habits of others.
- is dependent on parents for exposure to nutritious foods, and the family's preferences for certain foods will influence the child's life long eating habits.
- enjoys learning and practicing rules; this is an ideal time to teach good nutrition.
- should feed himself well, with good control of a fork and spoon.
- will demonstrate ritualistic behaviors at mealtime, such as organizing food on plate, etc. and may dawdle over meals.
- culture and lifestyle of the family play a significant role in the family's food selection and eating habits.

b. Assessment of Nutritional Status

Obtain information by interviewing the child and parent.

- Assess the 3 year old's dietary pattern. This can be determined by asking the parent and child what is normally eaten in a 24 hour period, including snacks.
- What are the parents' values and practices regarding food? Fast foods? Is breakfast important? Are the parents knowledgeable about the 4 basic food groups as far as meal preparation?
- Are there cultural influences that would affect the child's diet?
- What kind of snacks is the child given when he is hungry between meals?
- Do the growth measurements and general development reflect a well balanced diet?
- Growth charts should be used to assess individual growth.

c. Intervention/Guidelines for Parents

1) Establish a pleasant atmosphere at mealtimes with table conversation that includes references to the child, the food, the day, etc.
2) Keep easy to get, healthy snacks on hand. Reduce the amount of "junk food" in the house.
3) Parents can take advantage of the fact that the child is more open to new foods and introduce new well balanced food to the diet.

4) If the preschooler has favorite foods, these items should still be allowed as part of the meal plan.
5) Food items should be colorful and attractive in order to appeal to the child.
6) Give the child small portions of food at mealtimes. Second helpings are always available.
7) Allow the child to make some food choices; be aware of likes and dislikes.
8) Allow the child to assist in meal planning and preparation and use the time as an educational experience.
9) Never use food as a reward or a punishment.
10) Teach parents the basic 4 food groups; through the role modeling and repetition, the child will learn and incorporate healthy eating behaviors.
11) Time spent dawdling over food should be limited and the child should be excused and given only one small, nutritious snack before the next meal.

7. Dental

a. Characteristics

The three year old:

- should have established the daily habit of good tooth brushing.
- should be seen yearly by a dentist.
- should have all his temporary teeth.

b. Assessment of Dental Care

Obtain information by interviewing and observing the child and parent.

- Does the child brush his teeth? If so, how often?
- Is brushing an established habit or is it an occasional occurrence?
- If your child does not like to brush his teeth and it is a daily battle, what are his reasons?
- Has the child been to the dentist? If so, what was his experience?
- With a dry toothbrush have the child demonstrate how he brushes his teeth.

c. Intervention/Guidelines for Parents

1) Encourage parents to buy pleasant tasting toothpaste that contains fluoride.
2) Since these children are eager to please, this is a perfect time to establish dental care habits; teeth should be brushed twice daily and the child should be taught to rinse his mouth with water after snacks.
3) Avoid high sugar foods and drinks, especially at bedtime.
4) If the child has not been to the dentist, have parents schedule the first dental appointment. The first trip to the dentist should be non-threatening and "fun."
5) Parents must be cautious about verbally venting their own thoughts, biases, and feelings about their experiences at the dentist, so as not to frighten the child.
6) If needed, teach the child how to brush his teeth.

8. Toilet Training

a. Characteristics

1) By the age of 3, approximately 90% of children are bowel trained; 65% of children are dry in the daytime; and 60-70% are dry at night.
2) The three year old:
   - should be completing the task of being daytime toilet trained; may still not be night trained and may still have occasional accidents during the day.

- may regress as a result of stressors, such as a new sibling, moving, or starting to preschool.
- may have accidents; children this age often get involved in outdoor play and do not take the time to go into the house for toileting activities.
- is able to set on the toilet by self; will attempt to wipe self after using the toilet.

b. Assessment of Toilet Training

Obtain information by interviewing the child and parent.

- Is the child toilet trained during the day? At night?
- How was toilet training accomplished? When was it started? Completed?
- Does the child have accidents? Wetting and/or soiling? How many times a day? A week?
- What are the circumstances around the child's accidents? Playing outside or with friends?
- What do the parents do when the child has an accident?
- If the child has been toilet trained and has suddenly regressed, what new events are going on with the child and his family?
- If the child is not daytime toilet trained, explore the parents' feelings about toilet training. What has been done to encourage the child? Does the family have a potty chair? Are they offering praise and rewards?
- If there is a concern with wetting, look for any obvious subjective or objective findings that might explain the child's inability to be trained (i.e., urethral malformation, chronic UTI's etc.) A referral may be indicated.

c. Intervention/Guidelines for Parents

1) Discuss the fact that occasional accidents are normal for the 3 year old as he gets busy and doesn't want to take the time to go to the bathroom.
2) Discuss regression with regard to stress; if regression is a problem or a potential problem, encourage parents to be patient, understanding, and supportive and the child will eventually resume the previously learned task.

II. THE FOUR YEAR OLD CHILD

A. Functioning Levels of the Four Year Old

1. Physical Development

a. Characteristics

1) The physical growth of the 4 year old continues at a slow rate, gaining on the average of 3 to 6 pounds per year. Height gradually increases with growth of the long bones and adds 2 inches a year.
2) Legs make up 44% of body length.
3) Normal parameters from the Physical Examination are:
   BP 85–90/60
   Pulse 92/minute
   Respirations 25/minute
   Height (mean) 40.5 inches
   Weight (mean) 36 pounds
4) Motor development continues to advance with age resulting in dexterity, increased strength and refinement of activities and previously learned skills.
5) The four year old:
   - moves with more graceful and rhythmic motion.
   - can learn basic gymnastic skills.
   - alternates feet in descending stairs, one foot per step.
   - throws a ball overhand; catches a ball with extended arms and hands.
   - skips on one foot, hops, jumps forward, can stand on one foot for 3 to 5 seconds, can walk on tiptoes.
   - holds and uses a pencil with good control, can manipulate puzzle pieces, is able to do simple cutting and pasting; may attempt to print letters.
   - builds a tower of 10 or more cubes; copies a cross, circle, and square.
   - draws 3 parts of a stickman; represents person by adding facial features to head.
   - can dress and undress with supervision except for buttons in back; brushes teeth, bathes self with direction, and can lace shoes.

b. Nursing Assessment of Physical Development

Subjective:

1) History information is to be gathered from the parents and child prior to and during the physical examination (see Appendix).
2) Parents should be asked about health practices and beliefs and a family history should include lifestyle factors (i.e., smoking, seat belt use, etc.).

Objective:

1) A complete, unclothed physical examination is to be performed by the nurse (see guide in Appendix).
2) To assess the physical development of the child, the nurse will directly observe and interact with the child while doing the physical examination. Children this age enjoy "being included" and like games and action activities that can easily be incorporated in an office setting. The nurse can gain valuable information by including the child in the assessment process.
3) Appropriate developmental screening tools will provide information in assessing the child's developmental status (see Appendix).
4) Vision and hearing acuity must be assessed by screening (see Appendix).
5) Height and weight measurements are to be taken and graphed on growth charts and compared with the previous findings (see Appendix).
6) Blood pressure must be taken and recorded.
7) Since the effectiveness of these screening measurements depends upon accuracy, the nurse must work around the preschooler's short attention span, curiosity, and increased activity level in order to obtain valid data.
8) Other health care providers may also do the assessment of physical development. Compare your findings with theirs.

c. Intervention/Guidelines for Parents

1) Parents should be told that the 4 year old's growth rate is usually slow.
2) Activities that enhance fine and gross motor skills should be encouraged, such as experimenting with crayons, scissors, puzzle, running, hopping, climbing, etc.
3) The child should be encouraged to be independent with activities of daily living such as brushing teeth, bathing, dressing, toileting.
4) Activities that involve gross motor development skills such as jumping rope, skipping, throwing and catching balls should be encouraged. Participating in well supervised gymnastic classes can be fun as well as beneficial for the child's developmental growth.
5) The 4 year old's health needs should be professionally supervised every 12 months.
6) Dental care should be obtained on a yearly basis for prevention and treatment.
7) The 4 year old needs approximately 12 hours of sleep per day.
8) Parents need to provide balanced, regular nutrition, approximately 1400 calories/day; let the child help plan meals.
9) Specific age appropriate safety/accident prevention information should be given to the parents (see Safety/Accident Prevention section).
10) Handedness is usually established, do not try to change.
11) Parents should understand the powerful influence their health behaviors will have on the child. Nurses and others should begin teaching the child some appropriate health behaviors such as hand washing, sneezing/coughing precautions, use of seat belts, etc.
12) After the nurse completes the assessment of the physical growth and development, using the physical examination and appropriate screening tools and tests, she is to analyze the data and summarize both the strong and weak points of the individual child. This information should be shared with the parents and other appropriate individuals.
13) Refer any child that is having particular physical problems and/or significant developmental delays, to the appropriate specialists.

2. Intellectual and Verbal Development

a. Characteristics

1) The four year old has a vocabulary of approximately 1500 words.

The four year old child:

- demonstrates language which is almost complete in structure and form; speech should be intelligible
- uses sentences which may include adjectives, adverbs, conjunctives, nouns, verbs, and prepositions.
- demonstrates occasional dysfluent speech with the breaking up of sentences and words.
- is egocentric and cannot see another person's point of view; language usage is affected due to this egocentrism.
- boasts, exaggerates, and tattles on others.
- tells family tales outside of home with little restraint.
- may use profanity and name calling, especially if associates with older children.

2) Intellectual development is based on heredity, social interaction, and the personality of the child. The four year old child:

- is talkative and is beginning to express his needs to adults other than his parents.
- comprehends big and little; abstract words and concepts such as pain, health, tomorrow, are still not understood by the 4 year old. They are concrete thinkers.
- is learning the concept of numbers; can count from 1 to 10; know which line is the longer of 2 lines; can count 4 or more objects.
- is certain of colors; enjoys simple jokes; can point to and name body parts.
- may talk with an imaginary friend; projects on imaginary friend what is bad in himself (usually forgotten by age 6).
- may run/wander away from home.
- is cooperative in playing imaginative games with several children; group activities are longer in duration.
- is able to differentiate the real from the unreal; can switch from fantasy to reality with little difficulty.
- anticipates and enjoys routines.

b. Nursing Screening of Intellectual and Verbal Development

1) Obtain information by interviewing and observing the child and parent.

- How long can your child stay involved with a game or project?
- Does he know his full name, sex, and possibly his address?
- Does he talk in well formed sentences, using proper word choices?
- Does he know the difference between good and bad behaviors?
- Does he enjoy playing simple games with others? Does he understand what it means to take turns?
- Is he able to follow simple instructions and understand simple explanations?
- Is he interested in new activities? Does he comprehend new ideas quickly?

2) Screening tools to help identify the child's intellectual and verbal development may be used (see Appendix).

3) Other educational professionals will do the assessment of intellectual and verbal development. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) The child should be encouraged to apply concepts and language to familiar and enjoyable situations, as this helps learning progress more readily (i.e., games, outings, etc.).

2) It is important for parents to be aware of their child's particular level of development and provide opportunities for intellectual growth.

3) Speech and language development can be enhanced by teaching the child to listen to stories and songs and other children.

4) Parents should observe the child in pretend play, noting if the child is able to differentiate between real and fantasy.
5) If occasional dysfluency is noted, parents should be encouraged to be patient with the child and let him say these words and sentences without help.
6) Encourage the child to express thoughts, feelings, and frustrations.
7) Encourage interaction with other children of the same age or slightly older (Sunday School, preschool, library group, etc.).
8) Encourage activities that require the child to figure things out which encourages problem solving and independence.
9) Any child who exhibits problems, questionable findings, and/or delays in verbal expression or understanding should be referred to a Speech Language Specialist.
10) Any child who exhibits questionable findings, problems, and/or delays in learning and comprehension should be referred to an Educational Specialist.

3. Emotional and Social Development

a. Characteristics

1) The four year old can be a pleasant member of any group, be it family, nursery school or play group. This can, however, be a stormy age accompanied by cockiness, assertiveness, and much provoking.
2) The four year old:
   - is an exhibitionist and bids for attention in noisy ways.
   - can be aggressive both physically, in the form of hitting; and verbally, in the form of teasing.
   - often fabricates, exaggerates, boasts, and tattles.
   - is likely to change suddenly from happy to unhappy.
   - is very Oedipal; pleasing the parent of the opposite sex and gaining their attention and approval is important.
   - enjoys the companionship of other children, playing in groups of 2 and 3; often has a "favorite" friend.
   - plays cooperatively with other children and shows an interest in other children's bodies.
   - initiates dramatic make-believe and dressing up play in which the child assumes a specific role.
   - is imaginative and intensely curious.
   - can accept and keep a simple agreement.
   - often turns aggression towards parents and siblings.
   - continues to enjoy a bedtime ritual.
   - knows what it means to take turns.
   - may be involved in a preschool setting.
   - may accept the practice of taking turns, but is often bossy in directing others. The child is often silly in play, doing things wrong by intention.
   - is able to put toys away, but is not likely to do so unless reminded and directed.
   - often volunteers to help in a group, is proud of his accomplishments, and is a keen observer.
   - may have an imaginary companion who is often used to project blame for his actions.

b. Nursing Screening of Emotional and Social Development

1) Obtain information by interviewing and observing the child and parent.
   - How would you describe your 4 year old? Friendly? Irritable? Cooperative? Aggressive?

- Have you observed aggressive behavior from your child? If so, why was he being aggressive and how did he express his feelings? Verbally? Physically?
- Have you observed mood swings, where one minute the child is happy and the next moment he is tearful? How do you deal with this?
- Does he enjoy playing with other children his own age? Does he play well with other children? Share toys?
- If there are siblings in the home, how does he get along with them? What are their ages?
- How often do you leave your child with other people? How does he respond to being left?
- Is he in a preschool program or a play group? If so, how does he respond when you leave? What kind of reports do you get from teachers or other adults caring for him? Does he look forward to these forms of socialization?
- Have you observed him in pretend play? If so, have you noticed his increasing interest in sex related roles during play?
- Is your 4 year old beginning to be aware of sex roles? What types of questions or comments is he making? How do you respond?
- Have you observed your child in activities in which he is trying to please the parent of the opposite sex, at times being almost competitive with the parent of the same sex?
- When disciplining your child, have you noticed that he responds better to suggestions and to rewards for positive behavior, rather than commands?
- Does your child enjoy established practices such as reading a book at bedtime?

2) The nurse needs to observe the child and parent during the health visit in order to accurately assess the child's emotional and social development.

3) Other educational professionals will assess the emotional and social development of the child. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) Since all small children go through the Oedipal phase, parents should not be concerned, unless a child becomes excessively fearful or antagonistic. A degree of guilt is often seen in these children because they secretly wish the same sex parent would vanish.

2) Preschool and day care settings are important and helpful in preparing the child for kindergarten.

3) One of the most important aspects of preschool is teaching the child to become social. The child needs to learn how to be a part of a group and how to play with peers and share objects such as toys and books.

4) Parents need to be encouraging, involved, and supportive in the child's activities and accomplishments.

5) The 4 year old should be given praise for a job well done.

6) These children need to be given age appropriate tasks to do, such as setting and cleaning up the table; any activity that enhances independence.

7) A bedtime and bedtime ritual is still very important to the 4 year old, but reasonable limits must be set.

8) Parents need to be given a chance to express their feelings and concerns around the issues of emotional and social development for the 4 year old as this can occasionally be a trying time for all.

9) After the nurse completes the assessment of the emotional and social development, using observation and appropriate screening tools, she is to analyze the data and summarize both the strong and weak points of the child. This information should be shared with the parents and other appropriate persons.

10) Refer any child that is having any Emotional/Social problems and/or significant developmental delays, to the appropriate specialist.

B. Anticipatory Guidance for the 4-Year Old Child

1. Safety and Accident Prevention

a. Characteristics

1) Motor vehicle accidents, drownings, burns, and poisonings continue to be the most common accidents among 4 year olds.
2) The four year old child:
   - demonstrates slow improvement in judgment, but is still not mature enough to deal with the many choices available to the child. Adult supervision is essential where safety is concerned.
   - is still oblivious to the danger of a busy street even though he has been repeatedly reminded.
   - is more capable of getting into trouble due to increased locomotion, independence and refinement of gross and fine motor skills.
   - has no fear of strange dogs or other animals.

b. Assessment of Safety and Accident Prevention

Obtain information by interviewing and observing the child and parent.

- Does your child wear a seat belt whenever riding in the car?
- Is your home still "poison proofed"? Are matches, cleaning supplies, medications, firearms, and any other obvious hazards out of reach?
- Do you have Ipecac in the home? Is the poison control telephone number available?
- What types of toys and games does your child play with? Are they safe?
- Is an adult present when your child is playing outside?
- Does your child venture into the street often? If so, how do you handle this situation?
- When swimming, is there always an adult who can swim, actually observing the child at all times?
- If your child sees a strange dog, how does he respond? Does he come in an tell you or does he walk up to the dog and pet him?

c. Intervention/Guidelines for Parents

1) The 4 year old child continues to require close supervision.
2) Toys and games must be carefully selected and age appropriate.
3) Electrical tools, firearms, matches, medications, and poisons should be locked up and out of reach. Ipecac should be on hand for emergencies.
4) The child should not have unsupervised access to, or ride a tricycle or bike in the street.
5) Proper car seat restraints should always be used.
6) While in or near water, the child should always be watched without interruption by a responsible adult who can swim.
7) Swimming lessons can help a child overcome fear and learn respect for water. Lessons do not take the place of verbal and physical protection from hazardous waters.
8) Teach the child what to do in case of fire in the home.
9) Children this age can be taught their full name, address, and telephone number in case they get lost.
10) The child should be taught not to go with or accept food from strangers.

2. Discipline

a. Characteristics

The four year old:

- experiments with new behaviors; many of these behaviors can become problems if they are not curtailed.
- may have behavioral problems at mealtimes, bedtime, when the child is dressing, and during toileting activities.
- must continue to learn socially acceptable behavioral responses.
- may use profanity, baby talk, whining, and sticking out the tongue, but not as frequently as in the 3 year old.
- may use aggressive behaviors such as bossing, boisterous play, verbally abusive talk, and noncompliance.
- is generally anxious to please others, particularly parents, and responds well to positive reinforcement.

b. Assessment of Discipline Methods

1) Obtain information by interviewing and observing the child and the parent.
   - Describe your child's behavior at mealtime, bedtime, when getting dressed, and during toileting. How do you respond if he refuses to eat, get dressed, or go to bed?
   - What aggressive behaviors does your child engage in? What do you do about these behaviors? How do you handle these situations?
   - Which of your child's behaviors bother you? Which behaviors do you want to change?
   - What behaviors does your child most often get rewarded for? What kind of rewards does he get?
   - What behaviors does your child most often get punished for? In what ways do you punish him? Do you think this punishment works?
2) The nurse should observe the child's behavior in the office, noting how the parent interacts and disciplines the child.

c. Intervention/Guidelines for Parents

1) Discipline plays an important role in the development of the 4 year old and in preparing him for easier adaptation to kindergarten.
2) Encourage parents to agree on and be consistent with disciplinary procedures; children will be confused by conflicting messages.
3) Parents need to provide appropriate and clearly stated limits, along with an explanation of the consequences if rules are broken.
4) Continuing, meaningless threats are ineffective. Follow through with the previously stated consequences when rules are broken.
5) A balance should be established between the child's need for independence and the need for limits.
6) Encourage parents to always bear in mind the positive effects of praise. Look for the "good" in the child's behaviors and praise him. Do not direct anger at the child but at the incident or behavior.
7) Age appropriate discipline techniques may be very helpful for setting limits and controlling undesirable acts.
8) Reprimands should be given privately.
9) Allow parents time to verbalize, regarding the frustrations of disciplining; support parents' attempts to discipline through verbal admonishment and/or time out periods.
10) Be aware that problem behaviors at this age may result from other problems in the child or family rather than reflecting normal oppositional behaviors.
11) The longer the parents wait before teaching the child what behaviors are appropriate, the more difficult it will be to change inappropriate behaviors.

3. Play

a. Characteristics

The four year old:

- is imaginative and intensely curious.
- initiates dramatic make-believe and dressing up play in which he assumes a specific role; he will act out feelings and experiences through play.
- is able to take turns and share most of his toys and possessions.
- enjoys the companionship of other children and plays cooperatively; enjoys playing with 2 or 3 children.
- probably has a "best friend" of the same or possibly opposite sex.
- enjoys nail pounding and being read to.
- enjoys expressive materials for making things such as clothespin dolls, picture to sew, animals to stuff, paper chains, making scrapbooks.
- enjoys "helping" adults in adult activities.

b. Assessment of Play

Obtain information by interviewing the child and parent.

- Does your child play with and enjoy other children? If so, how old are the playmates? Does he share well with his friends?
- What types of games, books, and toys do you have in the home? Are they age appropriate and safe for a 4 year old?
- Have you observed your child in pretend and imaginary play?
- Does your child attend a preschool or play group? If so, what activities do they do and does your child enjoy them?
- How much TV and VCR movies does your child watch a day? A week? Do you know what your child is watching?

c. Intervention/Guidelines for Parents

1) Parents should realize how the child's play affects personal-social, fine and gross motor, and language development, as well as the overall happiness.
2) There needs to be a balance between quiet and boisterous play, indoor and outdoor play, and playing alone and interactively with other children.
3) Watching TV is not an appropriate type of play unless the parents have supervised the selection of programs and has limited the amount of time spent in front of the television.
4) Enrolling the child in a preschool or play group setting is very beneficial at this age. They need to be away from parents for short periods of time and need to learn socialization skills with other children.
5) The child needs to be allowed to take exploratory walks, go on outings to new places, and on shopping trips.
6) In pretend play, encourage shifts back and forth from make-believe to reality play.
7) The 4 year old is ready for some card and board games such as Go Fish and Candy Land.
8) Talk with parents about safe toys, age appropriate activities, and the importance of play in the developing child.

4. Sleep

a. Characteristics

1) Preschool children need 9 to 16 hours of sleep per day, decreasing as they get older.
2) The four year old:
   - usually has discontinued napping.

- may experience sleep disturbances such as occasional frightening dreams due to real or imaginary daytime fears.
- may not stay in bed, but wander around the house or want to sleep with parents.
- needs a regular bedtime and bedtime ritual.

b. Assessment of Sleep

Obtain information by interviewing the child and parent.

- Determine the child's sleep patterns. How many hours of sleep does the child get in a 24 hour period?
- Does the child still nap? If so, how often and for how long?
- Does he awaken during the night with nightmares? How often? Does he come into your room.? How do you handle this situation?
- Does your child ever want to sleep with you? If so, what are his reasons? How do you respond?
- Does your child have a regular bedtime and bedtime ritual?

c. Intervention/Guidelines for Parents

1) The child should be out of a crib and into a youth or regular bed.
2) It is preferable that the 4 year old sleep alone and in his own room.
3) Without a nap, some children are tired during the evening and even have trouble getting through dinner. A transitional step such as a "quiet time" period in the afternoon is often helpful.
4) It is normal for a 4 year old to have occasional bad dreams. They should be reassured and comforted and put back in their own bed.
5) The child definitely should not be sleeping with the parents.
6) For children who have frequent bad dreams, or express fear of the dark, a night light is often helpful.
7) Stress the importance of continuing a regular bedtime and bedtime ritual. Return visits for "hugs" and "drinks" should be discouraged.
8) The child should be physically tired before being put to bed; avoidance of excitement for 1/2 hour prior to bedtime is often helpful.
9) Parents should "expect" the child to go to bed and stay there.

5. Sexuality

a. Characteristics

The four year old:

- will exhibit sexual curiosity and exploration which is a normal and important developmental phase and helps the child gain an understanding of his sexual identity and basic bodily functions.
- will ask questions about "where do babies come from" and about the differences between the sexes will arise.
- is curious, often participating in overt behaviors such as actual visual and tactile exploration of himself and/or of the opposite sex.
- may masturbate; this is common in young children and is considered normal bodily exploration.
- imitates the parent of the same sex in an attempt to win the total affection of the opposite sexed parents.
- learns masculinity and femininity from parental role modeling of sexual behaviors.

b. Assessment of Sexuality

1) Obtain information by interviewing and observing the child and parent.

- What questions has your child asked about sex or sexual identity?
- How do you answer your child's questions?
- Has your child engaged in any sexual exploration?
- Have you observed your child masturbating? How do you deal with this?
- What information have you given your child about his sex or bodily functions related to sex?

2) It is important to determine the parents' understanding and philosophy of sexuality and sexual identity as their attitudes about sex will influence the content and depth of information that is given to the child.

c. Intervention/Guidelines for Parents

1) Parents should answer the child's questions about sex in as natural a way as possible, at the child's level of understanding, and without distorting the truth. Stay within the boundaries of the question.
2) Parental reactions to the child's sexual questions and/or situations must not be guilt provoking for the child.
3) What are the parents teaching the child about sexuality? Use correct terms for genitals.
4) Privacy should be ensured for children when they are dressing or bathing.
5) Emphasize to parents that sexual curiosity and exploration is normal and important to the child's development.
6) It is appropriate for parents to advise child that touching or looking at the genitals by others is not proper in most situations, but is a normal part of the physical examination.

6. Nutrition

a. Characteristics

The four year old:

- is dependent on parents for exposure to nutritious foods, and family preferences for certain foods will influence the child's life long eating habits.
- is at an ideal age to teach good nutrition – the basic 4 food groups.
- will demonstrate a varying appetite and may go months without gaining any weight, yet remain healthy.
- often needs something between meals – probably does better with 4 small meals a day.
- culture and lifestyle of the family play a significant role in the family's food selection and eating habits.

b. Assessment of Nutritional Status

1) Assessment of the 4 year old's dietary pattern can be determined by asking the parents and child what is normally eaten in a 24 hour period, including snacks.
   - What are the parents' values and practices regarding food? Is breakfast important? Do they eat fast foods? Are the parents knowledgeable about the basic 4 food groups as far as meal preparation?
   - Are there cultural influences that would affect the child's diet?
   - What kinds of snacks is the child given when he is hungry between meals.
2) Do the growth chart measurements and general development reflect a well balanced diet?
3) Growth charts should be used to assess individual growth.

c. Intervention/Guidelines for Parents

1) Establish a pleasant atmosphere at mealtimes with table conversation that includes references to the child, food, and the day, etc.

2) These children often need something between meals. Keep easy to get, healthy snacks on hand. Reduce the amount of "junk" food in the home.
3) Give the child small portions of food at mealtimes. Second helpings are always available.
4) Teach parents the basic 4 food groups; through role modeling and repetition, the child will learn and incorporate healthy eating behaviors.
5) Allow the child to make food choices; be aware of likes and dislikes.
6) Allow the child to assist in meal planning and preparation and use the time as an educational experience.
7) Never use food as a reward or as a punishment.

7. Dental

a. Characteristics

The four year old:

- should have established the daily habit of good tooth brushing, including beginning to floss.
- should be seen yearly by a dentist.
- should have all his temporary teeth and occasionally will start losing them.

b. Assessment of Dental Care

Obtain information by interviewing and observing the child and parent.

- Does the child brush his teeth? If so, how often?
- Is brushing an established habit or is it an occasional occurrence?
- If your child does not like to brush his teeth and it is a daily battle, what are his reasons?
- Has the child been to the dentist? If so, what was his experience?
- With a dry toothbrush have the child demonstrate how he brushes his teeth.

c. Intervention/Guidelines for Parents

1) Encourage parents to buy pleasant tasting toothpaste that contains fluoride.
2) Since these children are eager to please, this is a perfect time to establish dental care habits; teeth should be brushed twice daily and the child should be taught to rinse his mouth with water after snacks.
3) Avoid high sugar foods and drinks, especially at bedtime.
4) If the child has not been to the dentist, have parents schedule the first dental appointment. The first trip to the dentist should be non-threatening and "fun."
5) Parents must be cautious about verbally venting their own thoughts, biases, and feelings about their experiences at the dentist, so as not to frighten the child.
6) If needed, teach the child how to brush and floss his teeth.

8. Toilet Training

a. Characteristics

1) By the age of 4, approximately 95% of children are bowel trained; 95% of children are dry in the daytime; and 75% are dry at night.
2) The four year old:
   - should be completing the task of being daytime toilet trained; may still not be night trained and may still have occasional accidents during the day.
   - may regress as a result of stressors. The arrival of a new sibling, moving, or starting to school can precipitate regression. This occurs less often with 4 year olds than 3 year olds.

- may have accidents. Four year olds often get involved in outdoor play and do not take the time to go into the house for toileting activities.
- is able to sit on the toilet by himself; will wipe himself after using the toilet.

b. Assessment of Toilet Training

1) Obtain information by interviewing the child and parent.
   - Is the child toilet trained during the day? At night?
   - How was toilet training accomplished? When was it started? When was it completed?
   - Does the child have accidents? Wetting and/or soiling? How many times a day? A week?
   - What are the circumstances around the child's accidents? Playing outside or with friends?
   - How do the parents react when the child has an accident?
   - If the child has been toilet trained and has suddenly regressed, what new events are going on with the child and his family?
2) If the child is not daytime toilet trained, the nurse needs to explore the parents' feelings about toilet training. What has been done to encourage the child? Does the family have a potty chair? Are they offering rewards?

c. Intervention/Guidelines for Parents

1) If there is a concern with wetting, the nurse should look for any obvious physical findings that might explain the child's inability to be toilet trained (i.e., urethral malformation or chronic UTI's). A referral may be indicated.
2) Discuss the fact that occasional accidents are normal for the 4 year old, as he gets busy and doesn't want to take the time to go to the bathroom.
3) Discuss with parents the possibility of normal regression of toilet training with regard to stress.
4) If regression is a problem or a potential problem, encourage the parents to be patient, understanding, and supportive and the child will eventually resume the previously learned task.

III. THE FIVE YEAR OLD CHILD

A. Functioning Levels of the Five Year Old

1. Physical Development

a. Characteristics

1) The physical growth of the 5 year old continues at a slow rate, gaining on the average of 3 to 6 pounds per year. Height gradually increases with growth of the long bones and adds 2 inches a year.

2) Normal parameters from the Physical Examination are:
   B/P 85–90
   Pulse 90/minute
   Respirations 24/minute

3) The five year old:
   - has good poise and excellent motor control. This increased control results in better equilibrium, spatial orientation, and precision of movement.
   - can roller skate on 4 wheels; runs with skill and plays at the same time; runs on tiptoes.
   - when asked to hop, skip, jump rope, catch or throw a ball overhand, can perform with good neuromuscular maturity.
   - walks up and down stairs, alternating feet, jumps from 3rd or 4th step; is able to tandem walk forward and can walk on a balance beam.
   - has more form in drawings; picture of a man has more parts, clothes, and personality. The person includes a body, arms, legs, and feet.
   - prints first name and maybe other words.
   - copies a triangle from an illustration.
   - dresses and bathes self; may be able to tie shoes.
   - starts to lose temporary teeth.
   - usually has established handedness.
   - often has stomach aches as a common complaint; these are usually not physiologic in origin.

b. Nursing Assessment of Physical Development

Subjective:

1) History information is to be gathered from the parents and child prior to and during the physical examination (see Appendix). Since the child is to receive booster immunizations, the nurse must carefully assess what the child has received in the past, noting any unusual reactions.

2) Parents should be asked about health practices and beliefs and a family history should include lifestyle factors (i.e., smoking, seat belt use, etc.).

Objective:

1) A complete, unclothed physical examination is to be performed by the nurse (see guide in Appendix).
2) To assess the physical development of the child, the nurse will directly observe and interact with the child, while doing the physical examination. Children this age enjoy "being included" and like games and action activities that can easily be incorporated in an office setting. The nurse can gain valuable information by including the child in the assessment process.
3) Vision and hearing acuity must be assessed by screening; this is vital since the 5 year old will probably be starting school. Watch for amblyopia.
4) Appropriate developmental screening tools will provide information in assessing the child's developmental status (see Appendix).
5) Height and weight measurements are to be taken and graphed on growth charts and compared with previous findings (see Appendix).
6) Blood pressure must be taken and recorded.
7) Since the effectiveness of these screening measurements depends upon accuracy, the nurse must work around the preschooler's short attention span, curiosity, and increased activity level in order to obtain valid data.
8) Other health care providers may also do the assessment of physical development. Compare your findings with theirs.

c. Intervention/Guidelines for Parents

1) Parents should be told that the 5 year old growth rate is usually slow.
2) Parents need to provide the child with reassurance and guidance in adjusting to school/group needs.
3) The 5 year old wants to be independent. Parents need to appropriately encourage this by giving the child the opportunity to be independent while maintaining appropriate limits.
4) From this age on, the child will learn to be more skillful with his hands if given assistance and an opportunity to learn. Parents need to make available materials that will enhance the fine and gross motor development, such as crayons, markers, small beads for stringing, jungle gyms, tricycles, etc. Handedness is established by this time – do not try to change.
5) Child should receive communicable disease immunizations, DPT, and OPV booster.
6) Dental care should be obtained on a yearly basis for caries prevention and treatment.
7) Provide good nutrition; child needs approximately 1600 calories/day in a balanced diet.
8) Specific age appropriate safety/accident prevention information should be given to the parents (see safety/accident prevention section).
9) After the nurse completes the assessment of the physical growth and development, using the physical examination and appropriate screening tools and tests, she is to analyze the data and summarize both the strong and weak points of the individual child. This information should be shared with the parents and other appropriate persons.
10) Refer any child that is having particular physical problems and/or significant developmental delays, to the appropriate specialists.

2. Intellectual and Verbal Development

a. Characteristics

1) The five year old child:

- has a vocabulary of 2100 words.
- laughs frequently during conversations.
- asks searching questions; asks fewer but more relevant questions; asks meaning of words.
- talks constantly, but is able to participate in conversations without monopolizing.
- can tell a simple story or absurd joke; knows several nursery rhymes.
- uses sentences consisting of 5 to 8 words.
- uses language that is generally complete in terms of structure and form.

2) Intellectual development is based on heredity, social interaction and the personality of the child.

The five year old child:

- begins to categorize the environment using abstract words such as "animal" instead of "cat."
- is interested in meeting relatives and learning kinship patterns.
- knows and names the days of the week as a unit of time.
- no longer wanders/runs away from home.
- is beginning to develop power of reasoning.
- knows his age, telephone number, address, etc.
- does not fully understand time gradations.
- has an increased memory ability.
- copies a triangle.
- specifies what he will draw or paint.
- knows opposites (large, small, etc.); understands the concept of same and different.
- may know right and left hand, but cannot identify it on other people.
- understands that games have rules that must be followed.

b. Nursing Screening of Intellectual and Verbal Development

1) Obtain information by interviewing and observing the child with the parent.
   - Is your 5 year old child able to participate in a conversation without monopolizing it? Does your child talk a lot?
   - Does your child use new words? Do you feel his vocabulary is growing?
   - Does your child know his full name, address, and telephone number?
   - Does he remember songs, rhymes, conversations?
   - Is he interested in family members, such as the relationships with cousins, uncles, etc.?
   - Does he ask relevant, searching questions?
   - Does he know the days of the week?
   - Is he beginning to know what abstract words like tomorrow and health mean? Ask the child what these words mean to her.
2) Screening tools to help identify the child's intellectual and verbal development may be used. (see Appendix)
3) Other educational professionals will assess the intellectual and verbal development of the child. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) The child should be encouraged to apply concepts and language to familiar and enjoyable situations as this helps learning progress more rapidly.
2) It is important for parents and teachers to be aware of the child's particular level of development and provide opportunities for intellectual growth.
3) Speech and language development can be enhanced by teaching the child to listen to stories, songs, and other children.
4) Encourage the child to express thoughts, frustrations, and feelings.

5) Any child who exhibits problems, questionable findings, and/or delays in verbal expression or understanding should be referred to a Speech Language Specialist.

6) Any child who exhibits questionable findings, problems and/or delays in learning and comprehension should be referred to an Educational Specialist.

3. Emotional and Social Developmental

a. Characteristics

1) This is usually a comfortable age for the child, the parents, and kindergarten teacher. He has internalized social norms to the extent that he is likely to want to do what is expected of him.

2) The five year old child:
- is less rebellious and quarrelsome than at the age of 4 and is eager to please.
- has greater strength, improved muscular coordination and ability to reason and is less frustrated by obstacles in the environment.
- begins to take more responsibility for his actions. They still need assurance and guidance from adults in adjusting to the needs of their group.
- commonly uses such expressions as "I can and you can't."
- is interested in kinship relationships.
- engages in dramatic make-believe, domestic role-play and dressing up play, in which the child assumes a specific role.
- enjoys playing in groups of 5 or 6, and friendship with his playmates is both stronger and continued over a longer time.
- enjoys the companionship of other children; plays cooperatively; has formed gender identification.
- is serious about himself and his abilities; wants to assume responsibility and glories in achievements.
- has developed a personality which gives an indication of what he will be like when he gets older.
- is usually bowel and bladder trained for day and night, but may still occasionally wet the bed.

b. Nursing Screening of Emotional and Social Development

1) Obtain information by interviewing and observing the child and parent.
- How would you describe your 5 year old? Friendly? Irritable? Cooperative? Aggressive?
- Have you observed aggressive behavior from your child? If so, why was he being aggressive and how did he express his feelings? Verbally? Physically?
- Have you observed mood swings, where one minute the child is happy and the next moment he is tearful?
- Does he enjoy playing with other children his own age? Does he play well with other children? Share toys?
- If there are siblings in the home, how does he get along with them? What are their ages?
- How often do you leave your child with other people? How does he respond to being left?
- If the child is not in kindergarten, is he in a preschool program or a play group? If so, how does he respond when you leave? What kind of reports do you get from teachers or other adults caring for him? Does he look forward to these forms of socialization?
- When your child entered kindergarten, did you notice any type of aggressive behavior? Withdrawn behavior? If so, has it resolved?
- Have you observed him in pretend play? If so, have you noticed his increasing interest in sex related roles during the play?

- Is your 5 year old beginning to be aware of sex roles? What types of questions or comments is he making? How do you respond?
- Have you observed your child in activities in which he is trying to please the parent of the opposite sex, at times being almost competitive with the parent of the same sex?
- When disciplining your child, have you noticed that he responds better to suggestions and to rewards for positive behavior, rather than commands?
- Does your child enjoy ritualistic practices such as reading a book at bedtime?
- Does he exhibit any behaviors such as constantly picking his nose or biting his fingernails?
- Is the child able to perform all toileting activities by himself? Is your child completely bowel and bladder trained for day and night? How do you handle bedwetting episodes? Children experiencing bowel and/or bladder problems should have a thorough history, physical exam, and urinalysis. Referral may be indicated.

2) Other educational professionals will assess the emotional and social development of the child. The nurse should compare findings with theirs.

c. Intervention/Guidelines for Parents

1) The 5 year old needs occasional supervision in dressing and hygiene.
2) Reassurance and guidance from adults in adjusting to school and group activities is still needed.
3) Encouragement, recognition, praise, and adult patience and support are important.
4) The child should be encouraged to express inner feelings, anxieties, and fears.
5) The child needs to feel secure, loved, wanted, and accepted at home and at school.
6) Parental help is still needed to help the child to continue to develop socially acceptable behaviors.
7) Kindergarten is important; what is learned at school should be reinforced and encouraged at home which means parental involvement and communication with school.
8) After the nurse completes the assessment of the emotional and social development, using observation and appropriate screening tools, she will analyze the data and summarize both the strong and weak points of the child. This information should be shared with the parents and other appropriate persons.
9) Refer any child that is having any emotional/social problems and/or significant developmental delays, to the appropriate specialist.
10) If bedwetting is a concern and has no organic basis, parents should be counseled as to management through behavioral modification techniques.

B. Anticipatory Guidance for the 5 Year Old Child

1. Safety and Accident Prevention

a. Characteristics

1) Motor vehicle accidents, drownings, burns, and poisoning continue to be the most common accidents for the 5 year old child.
2) The 5 year old child:
   - continues to be interested and fascinated with electrical tools, firearms, matches, medications, and poisons.
   - is more aware of the dangers of the street, but still needs to be reminded.
   - has increased locomotion, independence, and refinement of gross and fine motor skills. Is more capable of getting into trouble.

- judgment of the 5 year old is improving, but adult supervision is still necessary.

b. Assessment of Safety and Accident Prevention

Obtain information by interviewing the child and the parents.

- Does your child wear a seat belt whenever riding in the car?
- Is your home still "poison proofed"? Are firearms, electrical tools, matches, and any other hazardous items out of reach or locked up?
- Does your child venture into the street often? Does he ride his bike or tricycle in the street? If so, how do you handle this?
- When swimming, is there always an adult, who can swim, actually observing the child at all times?
- Does your child know what to do in case of a fire in the house?
- Does the child know his name, address, and telephone number?

c. Intervention/Guidelines for Parents

1) The 5 year old continues to require adult supervision.
2) Electrical tools, firearms, cleaning products, matches, medications, and poisons should be locked up and out of reach. In case of accidental poisoning, Ipecac should be on hand.
3) The child should not have unsupervised access to, or ride a bike with training wheels in the street.
4) Car seatbelts should always be used.
5) While in or around water, the child should be watched by an adult who can swim, without interruption. He should be taught to swim.
6) The child should be taught what to do in case of fire in the home.
7) The child should be taught his full name, address, and telephone number.
8) He should be instructed not to talk or go with strangers and to feel free to say "no" to them and report this to parents.

2. Discipline

a. Characteristics

The five year old:

- in order for easier adaptation to kindergarten, must have appropriate limits set on behavior as this will play an important role in development and school performance.
- must continue to learn socially acceptable behavioral responses.
- experiments with new behaviors he has seen at school and has picked up from peers. Many of these behaviors will become problems if they are not dealt with firmly.
- who attends kindergarten begins to feel and express that the teacher "knows more" than the parents.

b. Assessment of Discipline Methods

1) Obtain information by interviewing and observing the child and parent.
   - Describe your child's behavior at mealtime, bedtime, when getting dressed and during toileting. How do you respond if he refuses to eat, get dressed, or go to bed?
   - What aggressive behaviors does your child engage in.? What do you do about these behaviors? How do you handle these situations?
   - Which of your child's behaviors bother you? Which behaviors do you want to change?
   - What behaviors does your child most often get rewarded for? What kind of rewards does he get?
   - What behaviors does your child most often get punished for? In what ways do you punish him? Do you think this punishment works?
2) The nurse should observe the child's behavior in the office, noting how the parent interacts and disciplines the child.

c. Intervention/Guidelines for Parents

1) Encourage parents to agree on and be consistent with disciplinary procedures: children will be confused by conflicting messages.
2) Provide appropriate and clearly stated limits, along with an explanation of the consequences, if the rules are broken.
3) Continuing, meaningless threats are ineffective. Follow through with the previously stated consequences when rules are broken.
4) Establish a balance between the child's need for independence and the need for limits.
5) Always bear in mind the positive effects of praise. Look for the "good" in the child's behaviors and praise him. Do not direct anger at the child but at the incident or undesirable behavior.
6) Age appropriate "time out" may be very helpful for setting limits and controlling undesirable acts.
7) Reprimands should be given privately.
8) Allow parents time to verbalize regarding the frustrations of discipline; support parents' attempts to discipline through verbal admonishments and/or time out periods.
9) Be aware that problem behaviors at this age may result from other problems in the child or family rather than reflecting normal oppositional behaviors.
10) The longer the parents wait before teaching the child what behaviors are appropriate, the harder the change in behavior will be for the child.

3. Play

a. Characteristics

The five year old:

- is interested in finishing what he starts, even though it takes several days to complete the task.
- plays house and likes to dress in adult's clothing to make games more realistic.
- likes to cut out pictures, work with colored paper, likes matching pictures and forms and working on specific projects.
- enjoys playing with cars and trucks and playing war games.
- understands simple letter and number games.
- enjoys playing with mud, rocks, snow, leaves, and stones.
- understands that games have rules that must be followed.
- is interested in the world outside their immediate environment; likes to go on excursions and listens to stories of things he has never seen.
- maintains interest in stories of greater length.

b. Assessment of Play

1) Obtain information by interviewing and observing the child and the parent.
   - Does your child play with and enjoy other children? If so, how old are these playmates? Does he share well with his friends?
   - What types of games, books, and toys do you have in the home? Are they age appropriate and safe for a 5 year old?
   - Have you observed your child in pretend and imaginary play?
   - Does your child attend a preschool or kindergarten? If so, what activities does he enjoy? Do you feel he has adjusted to the particular setting? What feedback do you get from his teacher?
   - How much TV and/or VCR movies does your child watch a day? A week? Do you supervise what he is watching?

2) It is essential to determine how the child's play affects personal-social relationships, fine and gross motor coordination, and language development.
3) Observe the child in a group setting. Does he appear to be similar developmentally to the other children?
   - Do people understand him when he speaks?
   - Is he able to print his own name, color, paint, draw?
   - How does he get along with other children his own age?
   - Most of the time, how would you describe your child? Happy? Unhappy?

c. Intervention/Guidelines for Parents

1) There needs to be a balance between quiet and boisterous play, indoor and outdoor play, and playing alone and interactively with other children.
2) Watching TV is not an appropriate type of play unless the parents have supervised the selection of programs and has limited the amount of time spent in front of the television.
3) Depending on the child's birthdate, it is very important that he be enrolled in a preschool or kindergarten program. Children need to be away from parents for short periods of time and need to learn socialization skills with peers.
4) The child needs to be allowed to take exploratory walks, go on outings to new places, and shopping trips.
5) Talk with parents about safe toys, age appropriate activities, and the importance of play in the developing child.
6) It is important for parents to understand how the child's play affects all developmental areas as well as his overall happiness.

4. Sleep

a. Characteristics

1) Preschool children need 9 to 16 hours of sleep per day, decreasing as the child gets older.
2) The five year old:
   - has discontinued napping.
   - may experience sleep disturbances. The child may have occasional nightmares and dreams due to his real or imaginary daytime fears.
   - may not stay in his bed, but may wander around the house or want to sleep with parents.
   - needs a regular bedtime and bedtime ritual.

b. Assessment of Sleep

Obtain information by interviewing the child and parent.
- Determine the child's sleep patterns. How many hours of sleep does the child get in 24 hours?
- Does the child still take naps? If so, how often and for how long?
- Does he awaken during the night with nightmares? How often? Does he come into your bedroom requesting to get into bed with you? How do you respond?
- Do you have a regular bedtime and bedtime ritual?

c. Intervention/Guidelines for Parents

1) The child should be sleeping in a regular bed.
2) If possible, he should be sleeping alone and in his own room. This helps foster privacy and independence.
3) It is normal for a 5 year old to have occasional night mares. He should be reassured and comforted and put back in his own bed.

4) The child definitely should not be sleeping with the parents.
5) For children who have bad dreams or fear the dark, a night light is often helpful.
6) Stress the importance of continuing a regular bedtime and bedtime ritual. Return visits for "hugs" and "drinks" should be discouraged.
7) The child should be physically tired before being put to bed; avoidance of excitement for 1/2 hour prior to bedtime is often helpful.
8) Parents should "expect" the child to go to bed and stay there.

5. Sexuality

a. Characteristics

The five year old:

- will exhibit sexual curiosity and exploration which is a normal and important developmental phase helping the child gain an understanding of his sexual identity and basic bodily functions.
- will ask questions about "where do babies come from" and will want information about differences between the sexes.
- is curious, often participating in overt behaviors such as actual visual and tactile exploration of himself and/or a child of the opposite sex.
- may masturbate, which is common in young children and is considered normal bodily exploration.
- imitates the parent of the same sex in an attempt to win the total affection of the opposite sexed parent - Oedipus stage.
- learns masculinity and femininity from parental role modeling of sexual behaviors.

b. Assessment of Sexuality

1) Obtain information by interviewing the child and family.
   - What questions has your child asked about sex or sexual identity?
   - How do you answer your child's questions?
   - Has your child engaged in any sexual exploration? Describe.
   - Have you observed your child masturbating? How do you deal with this?
   - What information have you given your child about his sex or bodily functions related to sex?
2) It is important for the nurse to determine the parents' understanding and philosophy of sexuality and sexual identity, as their attitudes about sex will influence the content and depth of information that is given to the child.
3) What are the parents' teaching the child about sexuality? Always use correct terms for genitals.

c. Intervention/Guidelines for Parents

1) Parents should answer the child's questions about sex in as natural a way as possible, at the child's level of understanding, and without distorting the truth. Stay within the boundaries of the question.
2) Parents' reactions to the child's sexual questions and/or situations must not be guilt provoking for the child.
3) Ensure privacy for children when they are dressing or bathing.
4) Emphasize that sexual curiosity and exploration is normal and important to the development of the child.
5) It is appropriate for parents to advise children that touching or looking at the genitals, by others, is not proper in most situations, but is a normal part of the physical examination.

6. Nutrition

a. Characteristics

The five year old:

- is ready to enjoy meals with the family and look forward to this "social event."
- will enjoy new food items and varied menus become more acceptable.
- is greatly influenced by the food habits of others.
- cannot be expected to have impeccable table manners.

b. Assessment of Nutritional Status

1) Obtain information by interviewing the child and parent.
   - What does your child normally eat in a 24 hour period, including snacks?
   - What are the parents' values and practices regarding food? Is breakfast important? Do they eat fast foods? Are parents knowledgeable about the basic 4 food groups as far as meal preparation?
   - Are there cultural influences that would affect the child's diet?
   - What kinds of snacks is the child given when he is hungry between meals?
2) Do the growth measurements and general development reflect a well balanced diet?
3) Growth charts should be used to assess individual growth.

c. Intervention/Guidelines for Parents

1) Establish a pleasant atmosphere at mealtimes with table conversation that includes references to the child, the food, and the day, etc.
2) Keep easy to get, healthy snacks on hand. Reduce the amount of "junk" food in the house.
3) Parents can take advantage of the fact that the child is more open to new foods and introduce new nutritious, well balanced foods into the diet.
4) If the preschooler has favorite foods, these items should still be allowed as part of the meal plan.
5) Food items should be colorful and attractive in order to appeal to the child.
6) Give the child small portions of food at mealtimes. Second helpings can always be available.
7) Allow the child to make some food choices; be aware of likes and dislikes.
8) Allow the child to assist in meal planning and preparation and use the time as an educational experience.
9) Never use food as a reward or a punishment.

7. Dental

a. Characteristics

The five year old:

- should have established the daily habit of good tooth brushing, including flossing.
- should be seen yearly by a dentist.
- will begin to lose temporary teeth.

b. Assessment of Dental Care

Obtain information by interviewing and observing the child and parent.

- Does the child brush his teeth? If so, how often?
- Is brushing an established habit, or is it an occurrence?
- If your child does not like to brush his teeth and it is a daily battle, what are his reasons?

- Has the child been to the dentist? If so, what was his experience?
- With a dry toothbrush have the child demonstrate how he brushes his teeth.

c. Intervention/Guidelines for Parents

1) Encourage parents to buy pleasant tasting toothpaste that contains fluoride.
2) Since these children are eager to please, this is a time to establish dental care habits; teeth should be brushed twice daily and the child should be taught to rinse his mouth with water after snacks.
3) Avoid high sugar foods and drinks, especially at bedtime to help prevent cavities.
4) If the child has not been to the dentist, encourage the parents to schedule the first dental appointment. The first trip to the dentist should be non-threatening and "fun."
5) Parents must be cautious about verbally venting their own thoughts, biases, and feelings about their experiences at the dentist, so as not to frighten the child.
6) If needed, teach the child how to brush and floss his teeth.

IV. APPENDIX

PHYSICAL EXAMINATION FORMS

There are several physical examination forms in the appendix. Each is for a different purpose. They are:

"Health History and Physical Assessment Information:"
This is a 6 page indepth assessment form for a health data base.

"Pediatric 3–4 Year Well Child Check"
This is a 2 page health update to the health data base. It focuses on information specific to 3–4 year olds.

"Pediatric 5–6 Year Well Child Check"
This is a 2 page health update to the health data base or the "Pediatric 3–4 Year Well Child Check." It focuses on information specific to 5–6 year olds.

"Guide for Physical Exam Items – Infants and Young Children"
This 2 page guide identifies specific items to be assessed within the general physical exam of body systems.

"Cover/Uncover Test for Heterophoria"
This diagram illustrates the movement of the eye that may be found in the cover/uncover test. If covered eye moves in any direction to fixate when the occluder is removed, a heterophoria is present.

HEALTH HISTORY AND PHYSICAL ASSESSMENT INF RMATION

NAME OF STUDENT_____DATE (BIRTH_____

PRESENT SCHOOL_____GRADE _____

ADDRESS_____PHONE _____

CURRENT PROBLEM_____ _____

_____ _____

PERSON(S) FILLING OUT FORM_____DATE_ _____

MOTHER ONLY ☐ FATHER ONLY ☐ BOTH ☐

OTHER ☐ (please specify)_____

FATHER'S NAME_____MOTHI 'S NAME_____

OCCUPATION_____OCCUI TION_____

PARENT RELATIONSHIP TO CHILD: NATURAL ☐ ADOPTED ☐

LIVING WITH: BOTH PARENTS ☐ FATHER ONLY ☐ MOTHER NLY ☐

WHO ELSE LIVES WITH CHILD_____ _____

MAJOR LANGUAGE IN HOME_____ _____

FAMILY PHYSICIAN_____DATE (LAST PHYSICAL____

HEALTH HISTORY:

1. *PREGNANCY AND BIRTH*

A. PRENATAL

(1) When this child was born, how old was mother_____father_____.

(2) Was this child born (1st, 2nd, 3rd, etc.)_____of your children.

(3) How long was this pregnancy?_____ Was baby born on time?_____

(4) What kind of problems (bleeding, cramping, etc.) or accidents happened duri this pregnancy – if any?_

_____ _____

(5) Did you take any medications while pregnant?_____ What and why?_____ _____

_____

(6) What kinds of problems did you have with any other pregnancies?_____

_____

_____

B. PRENATAL

(1) How long was your labor?_____

Were there any difficulties during the delivery?_____ What kinds?_____

_____

_____

(2) Did you have a Caesarean section, or regular vaginal, or forceps delivery?_____

(3) How long did mother stay in hospital after birth?_____

Did the baby come home with mother?_____ If not, please explain_____

_____

(4) Did baby need oxygen after birth?_____

(5) Did baby turn yellow enough to be treated?_____

2. ***DEVELOPMENTAL HISTORY***

A. DEVELOPMENTAL LANDMARKS

At what age did your child:

Begin to crawl_____ Finished toilet training (bowel)_____

Begin to walk alone_____ Finished toilet training (bladder)_____

Begin saying words (not mama or dada)_____

B. Did you or anyone else have serious concerns that your child was not growing well? Please explain_____

_____

C. Has anyone else in your family had any growing problems? Please explain_____

_____

3. ***CURRENT HEALTH HABITS AND OTHER BEHAVIOR***

A. Does your child feed himself well?_____

Does he have any problems eating certain foods?_____

Good appetite or poor one?_____ Is he often hungry?_____

Do you feel your child gets enough to eat?_____

B. How much sleep does he get at night?_____Naps?_____

C. Does he dress himself well?_____ Does he pick out his own clothes?_____ What does he need help with?_____

D. Does he ever wet the bed anymore?_____ How often?_____

When did he last wet the bed?_____

E. Does he have any habits such as thumbsucking or nail biting?_____

_____

F. How much exercise does your child get?_____

G. Is there anything he is now particularly afraid of?_____ What is it?_____

_____

_____

H. How much time do you think your child spends daydreaming?_

I. To your knowledge, what kinds of experience has your child had with:

alcohol_____

drugs_____

4. *PERSONALITY TRAITS*

A. Please indicate whether you think your child is generally:

☐ happy	or ☐ sad	other_____
☐ shy	or ☐ out-going	other_____
☐ generous	or ☐ jealous	other_____
☐ restless	or ☐ calm	other_____
☐ good-natured	or ☐ irritable	other_____
☐ kind to others	or ☐ unkind	other_____

B. Does your child cry easily?_____ What makes him cry?_____

_____

C. What kind of temper does your child have?_____

What makes him lose his temper?_____

What does he do when angry?_____

D. Does your child make friends easily?_____

Are his friends mostly his age, younger, or older?_____

E. What does your child like to do for fun?_____

_____Does he prefer to play indoors or outdoors?_____

5. *SIGNIFICANT HEALTH PROBLEMS, ILLNESS, AND COMPLAINTS*

A. HEALTH PROBLEMS

(1) Is your child now under regular medical care for any condition?_____ What is the condition?_____

_____

(2) Is he currently taking any medications?_____ What are they?_____

_____

Does he have any side effects from them?_____ If so, what?_____

_____

(3) Does your child have any chronic problems such as:

asthma_____ allergies_____ seizures (fits)_____ diabetes_____

other_____

(4) Is your child frequently ill with such things as:

colds_____ how often?_____

ear infections_____ how often?_____

other_____ how often?_____

(5) What physical or mental handicaps does your child have?_____

_____

B. PAST PROBLEMS

(1) What operations (surgery) has your child ever had, and when?_____

_____

_____

(2) What injuries has he had that were serious enough for a doctor's care (stitches, casts, etc.) and when?_____

_____

_____

(3) Has your child ever lost consciousness (knocked out), either from an injury or fainting?_____ Please explain_____

_____

_____

C. FAMILY HEALTH HISTORY

(1) Please list the names and ages of blood-relatives (immediate family) and what health problems each may have:

Name	Age	Relationship	Health Problems

(2) Has anyone else in the family (including parents) had any learning or other school problems?_____ Please explain_____

_____

_____

_____

_____

_____

_____

D. CURRENT HEALTH CHECKLIST

Please circle any of the following items that apply now to your child's health, and explain details at the bottom:

(1) EENT: Double vision, tearing, blurring, eye discharge, crossed eyes, colds, sore throats, earaches, stuffy nose, hearing, smelling, taste, mouth breathing, snoring, sneezing, nosebleeds, dental problems.

(2) CARDIO RESPIRATORY: Shortness of breath, wheezing, coughing, chest pain, swelling, turning blue with exercise, cold hands or feet.

(3) GASTRO INTESTINAL: Vomiting, diarrhea, constipation, abdominal pain, jaundice (yellow skin or eyes), bowel control, rectal bleeding, nausea, pinworm symptoms (itchy rectum).

(4) GENITOURINAL: Urinates too frequently, pain, blood in urine, vaginal discharge, abnormal menstrual history, abnormalities of penis and testes, bladder control.

(5) NEURO-MUSCULAR: Tingling, numbness, headaches, dizziness, seizures (fits), shaking, twitching, blackouts, problems with posture, deformities, gait, personality changes, unconsciousness, general speech.

(6) SKIN: Itching, irritation, perspiration, growths, rash, excessive dryness, unusual skin color, nail or hair problems.

6. *SUMMARY OF HEALTH HISTORY:*

PHYSICAL ASSESSMENT

Date_____

Name_____Birth Date_____Teacher/Grade_____

Height_____, Percentile_____; Weight_____, Percentile_____

KEY TO INTERPRETATION:

0 – Essentially normal
1 – Slight pathology
2 – Moderate pathology
3 – Severe pathology

GENERAL APPEARANCE:

HEAD

1. *HAIR*

_____Dry
_____Brittle
_____Coarse

SCALP

_____Nits
_____Flaky
_____Dry
_____Oily
_____Dandruff
_____Other

2. *EYES*

_____Vision Acuity
_____Strabismus
_____Exudate
_____Redness
_____Movement
_____Pupillary Reaction

3 *EARS*

EXTERNAL

_____Hearing Acuity
_____Redness
_____Swelling
_____Tenderness
_____Drainage

INTERNAL

_____Wax – Amount
_____Color
_____C/O Pain

4. *MOUTH & THROAT*

_____Sores
_____Redness
_____Lymph Nodes
_____Teeth
_____Speech

5. *SKIN*

COLOR

_____Cyanosis
_____Ruddiness
_____Pallor
_____Jaundice

TEXTURE

_____Rough
_____Dry
_____Oily
_____Smooth

LESIONS

_____Rash
_____Acne
_____Cuts or Bruises
_____Scars

6. *CHEST, LUNGS & HEART*

_____TPR
_____BP
_____HR & Rhythm
_____Pulses
_____Breath Sounds

7. *MUSCLE – SKELETAL*

_____Spine
_____ROM
_____Posture

8. *NEUROLOGICAL*

GROSS MOTOR SKILLS

_____Balance on one foot
_____Hops
_____Skips
_____Jumps
_____Tandem Walk
_____Catches Ball

FINE MOTOR SKILLS

_____Finger to Nose
_____Eyes Open
_____Eyes Closed
_____Finger to Finger
_____Finger to Thumb
_____Heel to Shin

SUMMARY: List areas of concern and strengths.

NURSING COMMENTS: State present level of physical functioning in educator terms.

RECOMMENDATIONS: List health needs in educator terms.

Date

School Nurse

PEDIATRIC - 3-4 YEAR WELL CHILD CHECK

DATE: _____
NAME: _____
DOB: _____
MEDICAID #: _____
ADDRESS: _____
PHONE: _____
PRIMARY PHYSICIAN: _____

Ht____cm ____% Wt____kg ____% B/P_____

PARENTAL CONCERNS/INTERIM PROBLEMS

_____
_____
_____
_____
_____
_____

PAST HEALTH HISTORY

_____
_____
_____

PRESENT HISTORY

A. Diet
Meals/Food Groups/Snacks _____
_____
Junk Food _____ Pop _____

B. Sleep _____

C. Elimination/Toilet Training _____
_____
_____

D. Dental Issues _____
Brushing/Cleaning _____
Problems/Concerns _____
Last Dental Visit? _____

E. Meds _____ Allergies _____

F. Developmental Progress (Use DDST as Guide)
Verbal _____
Fine Motor _____
Gross Motor _____
Social Skills _____
Behavior/Discipline _____
_____
_____

F. Social
Family Status Update/Stresses/Finances _____
_____
_____
_____
_____
Violence in Home _____

PHYSICAL EXAMINATION Pulse_____ RR_____

	N	A	Comments
Gen. Appearance			
Skin			
Head			
Eyes/Ears/Nose			
Oropharynx/Teeth			
Neck/Nodes			
Chest & Lungs			
Cardiovascular/Pulses			
Abdomen			
Genetalia			
Musculoskeletal/Spine			
Neurological			
Hearing (formal if possible)			
Vision (formal if possible)			R / L /
Speech (if possible)			
DDST (age 2 or 3)			

ANTICIPATORY GUIDANCE CHECK LIST

A. Diet
Basic Four _____
Healthy Snacks _____
Conflict Over Food/Meals _____

B. Development
Encourage Learning Vocabulary _____
Headstart/Preschool _____
Helping in Tasks _____
T.V. Habits _____
Sex Education _____

C. Accident Prevention
Car Seat/ Seat Belts _____
Firearms Locked _____
Animal Safety _____

D. Health Habits
Exercise _____
Family Health Models (Exercise/Diet) _____

E. Health Education
Antipyretic Doses _____
First Aid _____
Personal Safety _____
OTC Use _____

ASSESSMENT AND RECOMMENDATIONS

Dental Referral - *Return* at 5-6 Years

_____
_____
_____
_____
_____
_____
_____
_____
_____

(Use back for complex description)

NEXT APPOINTMENT _____ REASON _____ CAREGIVER _____
REFERRAL TO: _____ REASON: _____

Developed by B.Gitteman, M.D., with adaptation

SUMMARY: List areas of concern and strengths.

NURSING COMMENTS: State present level of physical functioning in educator terms.

RECOMMENDATIONS: List health needs in educator terms.

Date

School Nurse

PEDIATRIC - 5-6 YEAR WELL CHILD CHECK

DATE:_____
NAME:_____
DOB:_____
MEDICAID #:_____
ADDRESS:_____
PHONE:_____
PRIMARY PHYSICIAN:_____

Ht____cm ____% Wt____kg ____% B/P_____

PARENTAL CONCERNS/INTERIM PROBLEMS

_____
_____
_____
_____
_____
_____
_____

PAST HEALTH HISTORY

_____
_____
_____

PRESENT HISTORY

A. Diet
Meals/Food Groups/Snacks_____
_____
_____
Junk Food_____ Pop_____
Vitamins and Iron Source_____

B. Sleep_____

C. Elimination_____

D. Dental Issues
Brushing/Flossing_____
Dental Visits_____ Permanent Teeth_____

E. Meds_____ Allergies_____

F. Development (Use DDST as Guide)
Preschool Performance_____
_____
Self-care Activities_____
Behavior/Peer Interaction_____
_____
Discipline_____
_____

F. Social
Family Status Update/Stresses/Finances_____
_____
_____
_____
_____
Violence in Home_____

PHYSICAL EXAMINATION Pulse_____ RR_____

	N	A	Comments
Gen. Appearance			
Skin			
Head			
Eyes/Ears/Nose			
Oropharynx/Teeth			
Neck/Nodes			
Chest & Lungs			
Cardiovascular/Pulses			
Abdomen			
Genetalia			
Musculoskeletal/Spine			
Neurological			
Hearing (formal if possible)			
Vision (formal if possible)			R / L /
Speech (formal if possible)			
DDST			

ANTICIPATORY GUIDANCE CHECK LIST

A. Diet
- Wt/Diet _____
- Basic Four _____
- Healthy Snacks _____
- School Lunches _____

B. Development
- School Readiness _____
- Chores _____
- Honesty _____
- Allowance _____
- Need for Praise _____
- Overnights _____
- T.V. Habits _____
- Sex Education _____ (incl. "who can touch")

C. Accident Prevention
- Seat Belts _____
- Bicycle Safety _____
- Water/Swimming Safety _____
- Safe Toys _____
- Fire Safety _____

D. Health Habits
- Exercise _____
- Family Health Models (Smoking/Diet) _____

E. Health Education
- Review Immunizations Risks/Benefits/Consent _____
- Antipyretic Dose _____
- Personal Safety Training _____
- Firearms Locked _____

ASSESSMENT AND RECOMMENDATIONS

DTP#5, OPV#4, Dental Referral, Speech, Vision, Hearing (if not already obtained) - Next exam 7-8 years

_____
_____
_____
_____
_____
_____

(Use back for complex description)

NEXT APPOINTMENT_____ REASON_____ CAREGIVER_____
REFERRAL TO:_____ REASON:_____

Developed by B.Gitteman, M.D., with adaptation

SUMMARY: List areas of concern and strengths.

NURSING COMMENTS: State present level of physical functioning in educator terms.

RECOMMENDATIONS: List health needs in educator terms.

Date

School Nurse

GUIDE FOR PHYSICAL EXAM ITEMS
INFANTS & YOUNG CHILDREN

GENERAL APPEARANCE:
_____AGE
_____APPEARS STATED AGE?
_____SEX
_____NUTRITIONAL STATE
_____BODY PROPORTIONS
_____GAIT
_____POSTURE
_____MOVEMENTS
_____PERSONALITY, CHARACTER
_____EMOTIONAL STATE
_____ALERTNESS
_____COOPERATIVENESS
_____VOCALIZATION
_____CRY

SCREENINGS, VITAL SIGNS AND MEASUREMENTS:
_____VISION
_____HEARING
_____SPEECH
_____DEVELOPMENT
_____URINE
_____HEMATOCRIT
_____TEMPERATURE
_____PULSE RATE
_____RESPIRATORY RATE
_____BLOOD PRESSURE
_____WEIGHT
_____HEIGHT
_____HEAD CIRCUMFERENCE
_____WEIGHT PERCENTILE
_____HEIGHT PERCENTILE
_____HEAD CIRC. PERCENT

HEAD & FACE:
_____SHAPE
_____SYMMETRY
_____LUMPS, BUMPS
_____ABNORMALITIES
_____SUTURE RIDGES
_____ANTERIOR FONTANEL
_____POSTERIOR FONTANEL
_____SCALP CONDITION
_____FROWN
_____RAISE EYEBROWS
_____SMILE
_____FACIAL SYMMETRY
_____EXPRESSION
_____FACIAL MOVEMENT
_____JAWS

EYES:
_____LIDS
_____SCLERAE
_____CONJUNCTIVAE
_____IRIS
_____PUPILS
_____LACRIMAL DUCTS
_____PUPILS REACT LIGHT
_____ACCOMMODATION
_____RANGE OF MOTION
_____EQUAL LIGHT REFLEX
_____COVER TEST
_____RED REFLEX
_____SYMMETRY
_____TEARS
_____COLOR

EARS:
_____SYMMETRY
_____PINNA SHAPE
_____PINNA SIZE
_____PINNA SPRINGINESS
_____SET, PLACEMENT
_____EXTERNAL CANAL
_____EARDRUM COLOR
_____EARDRUM OPACITY
_____EARDRUM INTACTNESS
_____EARDRUM MOVEMENT
_____LIGHT REFLEX CONE
_____BONES OF HEARING
_____WAX
_____FLUID

NOSE:
_____SYMMETRY
_____SEPTUM PLACEMENT
_____MUCOSA
_____DRAINAGE, CRUSTING
_____SHAPE
_____NARES
_____PATENCY
_____SINUSES, NASAL
_____SINUSES, FRONTAL

MOUTH & THROAT
_____LIPS
_____MUCOUS MEMBRANES
_____GUMS
_____TEETH, NUMBER
_____TEETH, CONDITION
_____TEETH, ALIGNMENT
_____BUCCAL SURFACES
_____TONGUE
_____TONGUE-TO-GUM MARGIN
_____PALATE INTACT
_____PALATE ARCH
_____PALATE ELEVATION
_____UVULA MIDLINE
_____SINGLE UVULA
_____PHARNYX
_____TONSILS
_____PILLARS
_____THROAT COLOR, COND.
_____GAG REFLEX

NECK:
_____SYMMETRY
_____MOBILITY
_____RANGE OF MOTION
_____CHIN TO CHEST
_____TRACHEA MIDLINE
_____THYROID
_____STERNOCLEIDOMASTOID
_____AUSCULTATE CAROTIDS

LYMPH NODES:
_____ANTERIOR CERVICAL
_____POSTERIOR CERVICAL
_____OCCIPITAL
_____AXILLARY
_____EPITROCHLEAR
_____INGUINAL
_____SUPRACLAVICULAR

CHEST:
_____SYMMETRY
_____SHAPE
_____RIBS
_____RIB ATTACHMENTS
_____CLAVICLES
_____SCAPULAS
_____STERNUM
_____NIPPLES
_____BREAST TISSUE
_____BREAST ALIGNMENT
_____BREATH SOUNDS
_____RALES
_____RONCHI
_____WHEEZES
_____RUBS
_____CHEST EXPANSION
_____TYPE OF RESPIRATIONS
_____RESPIRATION CHARACTER

CARDIAC:
_____HEART RHYTHM
_____PULSE QUALITY
_____PULSE REGULARITY
_____SPLIT SOUNDS
_____MURMURS
_____EXTRA SOUNDS
_____PMI
_____CYANOSIS/PALENESS

PULSES:
_____FEMORAL
_____CAROTID
_____RADIAL
_____POPLITEAL
_____PEDAL
_____AUSCULTATE FEMORAL

ABDOMEN:
_____SHAPE, CONTOUR
_____PROTRUSION
_____SYMMETRY
_____MUSCLE TONE
_____UMBILICUS
_____HERNIA
_____LIVER
_____SPLEEN
_____KIDNEYS
_____BLADDER
_____INTESTINES
_____MASSES
_____TENDERNESS
_____BOWEL SOUNDS
_____PELVIS

GENITALIA:
_____SEX DETERMINATION
_____PENIS, VAGINA
_____TESTES, CLITORIS
_____SCROTUM, LABIA
_____URETHRA
_____DISCHARGE
_____IRRITATION
_____RASH
_____HERNIA
_____URINE STREAM
_____URINE ODOR
_____URINE CHARACTER

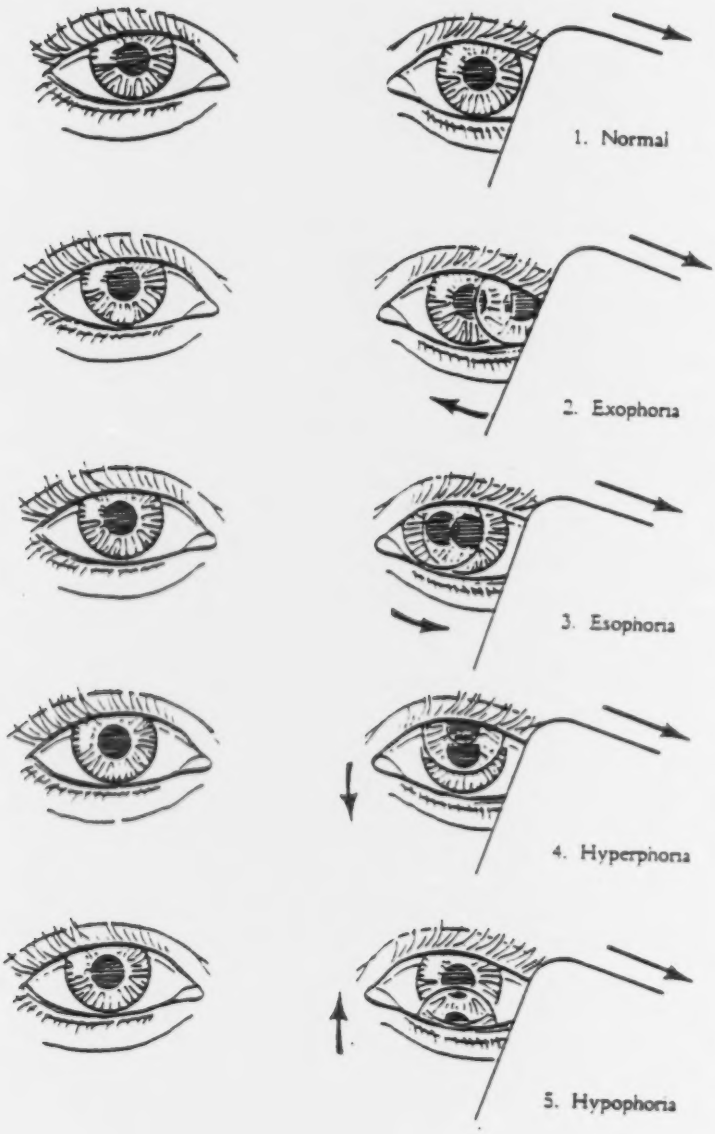
RECTAL:
_____PATENCY
_____TAGS
_____FISSURES
_____FISTULA
_____IRRITATION
_____STOOL CHARACTER

EXTREMETIES & SPINE:
_____SYMMETRY
_____SIZE
_____MUSCLE TONE, MASS
_____CARRIAGE
_____FLEXION
_____TENSION/RELAXATION
_____MUSCLE STRENGTH
_____BONES STRAIGHT
_____LIMBS EQUAL LENGTH
_____JOINTS
_____RANGE OF MOTION
_____PAIN
_____TENDERNESS
_____RESTRICTED MOTION
_____DIGIT, NUMBER
_____SHOULDERS
_____ELBOWS
_____WRISTS
_____HANDS
_____PALMAR CREASES
_____FINGERS
_____FINGERPRINTS
_____FINGERTIP SHAPE
_____HIPS
_____KNEES
_____ANKLES
_____FEET
_____TOES
_____THIGH FOLDS EQUAL
_____INGUINAL FOLDS EQUAL
_____ABDUCTS, FROG POS.
_____WALKING
_____SPINE
_____BACK MOBILITY
_____VERTEBRAE
_____KIDNEY TENDERNESS
_____BUTTOCKS
_____PILONIDAL AREA

SKIN:
_____TURGOR
_____TEMPERATURE
_____TEXTURE
_____TRANSPARENCY
_____VESSELS VISIBLE
_____DRYNESS
_____COLOR
_____BRUISES
_____BIRTHMARKS, NEVI
_____CAFE AU LAIT SPOTS
_____HEMANGIOMAS
_____MONGOLIAN SPOT
_____LESIONS
_____ABRASIONS
_____RASHES
_____SCARS
_____INFECTIONS
_____HAIR COLOR
_____HAIR QUALITY
_____HAIR DISTRIBUTION
_____BODY HAIR
_____NAILS
_____BODY FAT

NEUROLOGICAL:
_____MENTAL FUNCTION
_____BEHAVIOR
_____RELATIONSHIPS
_____MOOD
_____ALERTNESS
_____ORIENTATION
_____RESPONSES
_____MEMORY
_____UNDERSTANDING
_____BALANCE
_____SMALL MUSCLE COORD.
_____LARGE MUSCLE COORD.
_____HAND-EYE COORD.
_____HEAD CONTROL
_____MOVEMENT QUALITY
_____USE OF SENSES
_____SUPERFICIAL REFLE
_____BABINSKI
_____DEEP TENDON REFLEX
_____BLINKING
_____GRASP
_____ROOTIN
_____SUCKING
_____PLACING
_____STEPPING
_____MORO
_____TONIC NECK
_____DEVELOPMENT

COVER/UNCOVER TEST FOR HETEROPHORIA



From: *MANUAL OF SCHOOL HEALTH* by K.D. Lewis and H.B. Thomson, Menlo Park, CA: Addison-Wesley Publishing Company, Inc., 1986, p. 34

Vital Signs

AVERAGE RESPIRATORY RATE, 0 TO 16 YR

Age	Normal Range	Average
Newborn	30–80	40
1 month–6 months	30–60	35
6 months–1 yr	22–60	35
1 yr	22–40	30
2 yr	22–34	28
4 yr	20–28	26
6 yr	18–28	24
8 yr	18–26	22
10 yr	18–26	20
12 yr	16–24	18
14 yr	12–20	16
16 yr	12–20	16

Sources: Victor C. Vaughan, R. James McKay, Waldo E. Nelson (editors): *Nelson Textbook of Pediatrics.* 11th ed. Saunders, 1979; C. Henry Kempe, Henry K. Silver, Donough O'Brien: *Current Pediatric Diagnosis and Treatment.* 6th ed. Lange Medical Publications, 1980; G.H. Lowrey: *Growth and Development of Children.* 7th ed. Year Book Medical Publishers, 1978.

AVERAGE BLOOD PRESSURE, 0 TO 18 YR

Age	Range	Average
0–6 months	64/30–96/62	80/45
6 months–1 yr	60/60–118/70	89/60
2 yr	74/40–124/89	99/60
4 yr	79/55–110/85	99/60
6 yr	80/46–118/64	94/62
8 yr	89/48–121/66	105/60
10 yr	94/52–128/85	111/66

	Male	Female	Male	Female
12 yr	92/58–135/86	94/59–132/86	115/72	115/75
14 yr	98/60–142/90	98/62–138/90	120/75	118/76
16 yr	102/60–148/90	100/62–142/90	125/76	122/76
18 yr	105/62–152/90	102/62–144/90	128/77	122/77

Sources: Victor C. Vaughan, R. James McKay, Waldo E. Nelson (editors): *Nelson Textbook of Pediatrics.* 11th ed. Saunders, 1979; C. Henry Kempe, Henry K. Silver, Donough O'Brien: *Current Pediatric Diagnosis and Treatment.* 6th ed. Lange Medical Publications, 1980; The National Heart, Lung, and Blood Pressure Institute's Task Force on Blood Pressure Control in Children, Report of the task force on blood pressure control in children. *Pediatrics* (May) 1977; 59:797–820.

AVERAGE PULSE RATE, 0 TO 18 YR

Age	Normal Range	Average
Newborn	130–70	120
1 month–11 months	80–160	120
1 yr	80–140	120
2 yr	80–130	110
4 yr	80–120	92
6 yr	75–115	85
8 yr	70–110	78
10 yr	70–110	74

	Males	Females	Males	Females
12 yr	65–105	70–110	85	90
14 yr	60–100	65–105	80	85
16 yr	60–100	60–100	75	80
18 yr	55–90	55–95	70	75

Sources: Victor C. Vaughan, R. James McKay, Waldo E. Nelson (editors): *Nelson Textbook of Pediatrics.* 11th ed. Saunders, 1979; C. Henry Kempe, Henry K. Silver, Donough O'Brien: *Current Pediatric Diagnosis and Treatment.* 6th ed. Lange Medical Publications, 1980.

From: *MANUAL OF SCHOOL HEALTH* by K.D. Lewis and H.B. Thomson, Menlo Park, CA: Addison–Wesley Publishing Company, Inc., 1986, p. 223–225

59 BEST COPY AVAILABLE

SUGGESTED HANDOUTS FOR PARENTS

PLAY

Play in the Preschool Years; available from the Massachusetts Nurses Association, 376 Boylston Street, Boston, MA 02116.

Caring About Kids - The Importance of Play; available from Public Inquiries, National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD 20857.

DISCIPLINE/PARENTING

Reverse Attention: How Parents Can Shape or Change Their Children's Behavior; available from CDH, Community Nursing Section, contact Marthena M. Zallar. (Also in Spanish.)

What You Should Know About Disciplining Your Child; available from Channing L. Bete Co., Inc., South Deerfield, MA 01373.

NUTRITION

Available from CDH Nutrition/WIC Section:

Your Growing Child
Foods for Young Children
What Kids Eat
Foods Kids Like
Progress with Food Problems

Your Child's Appetite; available from Ross Labs, Columbus, OH 43216.

Why Children Won't Eat and What to Do About It; available from Mead-Johnson, Evansville, IL 47721.

SAFETY

Little Big Kids (for ages 3-5); available from U.S. Consumer Product Safety Commission, Washington, D.C. 20207.

Child Passenger Protection; available from Colorado Division or Highway Safety, 4201 East Arkansas, West Annex, Denver, CO 80222.

A Handbook of Child Safety (English and Spanish); available from Gerber Products, Fremont, MI 49412.

Are *Your* Children Safe From Fire?; available from Channing L. Bete Company, Inc., Greenfield, MA 01373.

What Parents Should Know About Children and Traffic; available from Channing L. Bete Company, Inc., Greenfield, MA 01373.

SCREENING TOOLS FOR CHILDREN 3–5 YEARS

TEST	DESCRIPTION	PURPOSE
DEVELOPMENT		
DENVER DEVELOPMENTAL SCREENING TEST (DDST)	A standardized test of four sectors of development, Personal-Social, Fine Motor-Adaptive, Language, and Gross Motor. Must be administered by trained individuals. Test takes 10–20 minutes. Identifies children with *possible* developmental delays. Follow-up may include re-screening or referral for diagnostic testing.	May identify children with developmental handicaps, particularly those with mild to moderate delays, in order to promote early diagnosis and treatment.
DEVELOPMENTAL INDICATORS FOR ASSESSMENT OF LEARNING (DIAL-R)	A test used mostly by school districts to test a child's develop mental abilities related to educational tasks. Test is given in three areas, Motor, Concepts, and Language, often by three different testers. Test takes about 30 minutes to administer. Identifies children as: "Potential Problem," "OK," or "Potential Gifted." Follow-up may include diagnostic assessment for those with "Potential Problem" scores, and further evaluations for specific educational program planning for children who score in the "Potential Gifted" range.	In addition to identifying children with potential problems, the DIAL-R allows a teacher to develop individualized educational plans for some children who appear to need help.
SPEECH AND LANGUAGE		
No single screening test is currently available at this time to screen for all areas (receptive, expressive, cognitive, and articulation) of speech/language development in children 3 to 5 years of age. Language development is complex, and most tests are diagnostic or evaluative and must be conducted by speech and language professionals. A hearing test, preferably puretone audiometry, should always accompany speech/language screening tests because hearing plays an integral part in speech/language development.		
DENVER ARTICULATION SCREENING EXAM (DASE)	A test for children 2 1/2 to 6 years of age which identifies a child's ability to pronounce *single words*. Does not rate intelligibility of conversation. A trained examiner administers and scores the test as normal or abnormal. Children with an abnormal score should be referred for further evaluation.	Difficulty with articulation may be suspected when one listens to a child speak. The DASE quantifies these suspicions. Children may then be referred for further diagnosis and treatment before entering the primary grades of school.

SCREENING TOOLS FOR CHILDREN 3–5 YEARS

TEST	DESCRIPTION	PURPOSE
COLORADO DEPARTMENT OF HEALTH SPEECH AND LANGUAGE SCREENING QUESTIONNAIRE	A non-standardized parent-answered questionnaire for speech and language development. Age-specific questions are scored and interpreted according to a table developed from empirical observations and trial-and-error experiences rather than accepted statistical research analysis. A copy of the questionnaire in English or Spanish is available from: Hearing and Speech Section Colorado Dept. of Health 4210 East 11th Avenue Denver, CO 80220 The questionnaire may be reproduced.	Although this is not a validated standardized test for speech and language development, it may be used as a general screening tool to identify children who need a diagnostic evaluation.
HEARING		
PURETONE PLAY AUDIOMETRY	This is the same audiometry test used for school-age children. Time must be spent before testing to be sure the child under stands what is expected of him/her. Young children may be asked to "play a game" such as placing a ring on a peg or handing a block to the examiner when a tone is heard.	Screens young children for early hearing impairment.
NOISEMAKER HEARING TEST	Loud and soft sounds are made using a bell, a rattle, and a squeeze toy at the child's side while distracting his/her attention with a quiet bright object such as a red ball or "fluff" of yarn.	Where an audiometer is not available, this general hearing test has been found in studies to be quite reliable. Children who fail any hearing screening test should be referred for an audiological exam.
VISION		
SNELLEN E TEST	This is the same vision test using an "E" chart that is used for older children. Care must be taken at the beginning of the test to be sure the child understands how to use the "E" card or his/her fingers to indicate the directions on the chart. Normal vision scores are different for 3 to 5 year old children than for those over 6.	Visual acuity testing is valid as early as the child can understand the procedure.
DENVER EYE SCREENING TEST (DEST)	The DEST uses a form of the Snellen "E" test for visual acuity in addition to tests for amblyopia and strabismus. Proficiency in administering the test takes some practice and is best done by nurses rather than by volunteers.	It is critical to detect vision problems as early as possible as some forms of amblyopia can lead to blindness if not identified before the age of 6 or 7. Early treatment in the 3 to 5 year old is most beneficial and cost effective.

BOYS: 2 TO 18 YEARS
PHYSICAL GROWTH
National Center for Health Statistics Percentiles NAME_____RECORD #_____

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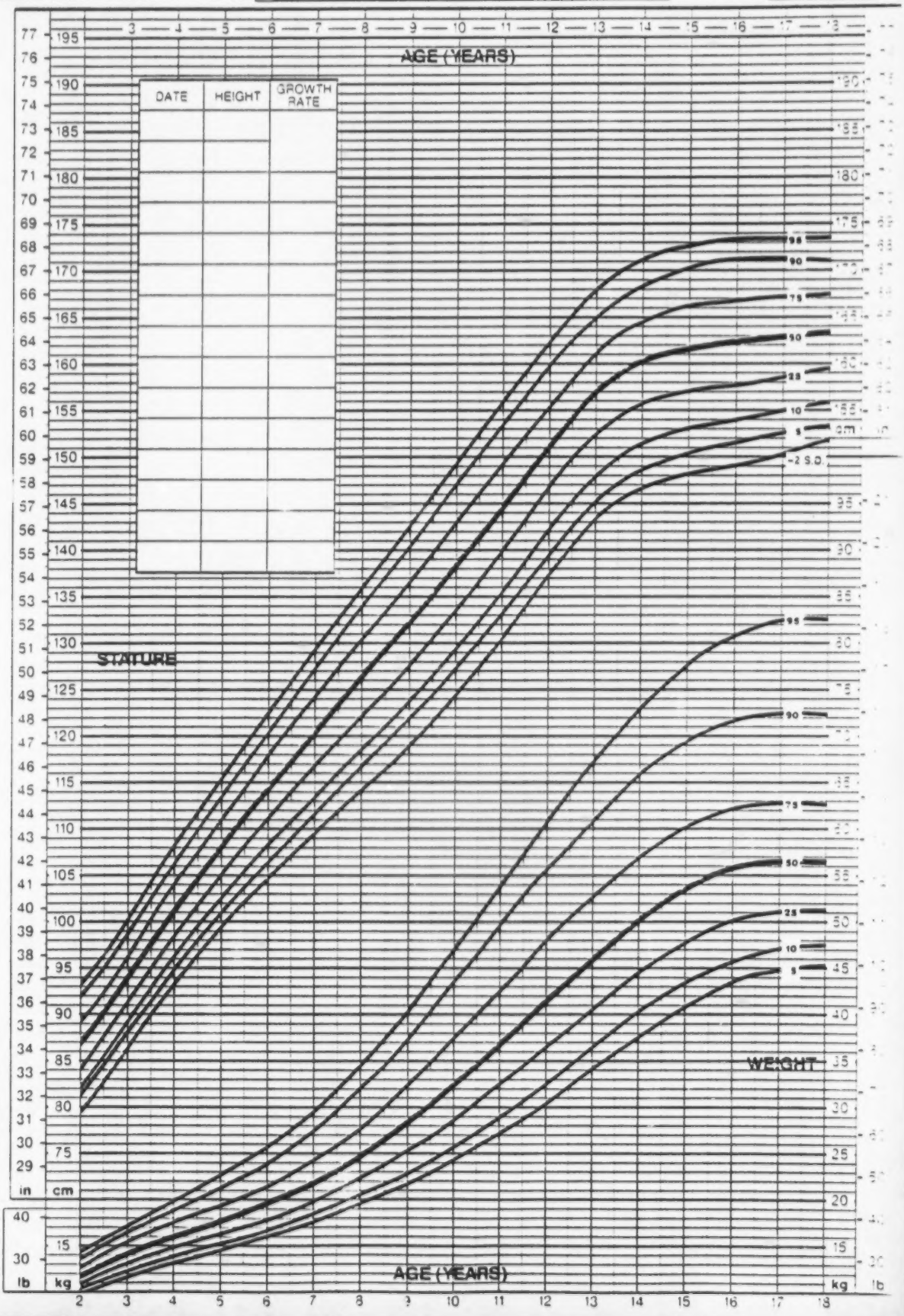
GIRLS: 2 TO 18 YEARS
PHYSICAL GROWTH
National Center for Health Statistics Percentiles NAME _____ RECORD # _____



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